

**Annual Report**  
**to the**  
**General Assembly**  
**of the State of North Carolina**  
**on the**  
***Intensive Family Preservation Services Program***  
**for the 2004-2005 State Fiscal Year**

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## **Executive Summary**

This report presents data and findings on North Carolina's Intensive Family Preservation (IFPS) Program from State Fiscal Year 2004 – 2005 (SFY 2005), and on a five-year history of families served from SFY 2001 through SFY 2005, inclusive. The findings from the analyses of five-year trend data remain very positive, both in terms of achieving legislative intent, and in terms of achieving a variety of positive outcomes for families and children-at-risk of abuse or neglect in North Carolina.

During SFY 2005, 27 IFPS programs provided services in 69 counties, serving 479 families in which 982 children were at imminent risk of being removed from the home. The number of families served declined by 21% compared to SFY 2004, which is likely the result of a 33% reduction in funds allocated for the program. After IFPS services, 42 (4%) of the children served in SFY 2005 were not living at home. This represents a placement prevention rate of 95% with respect to families, and 96% with respect to individual children. Changes in family functioning that enabled children and families to remain together safely included improvements in environmental factors, parental capabilities, family interactions, family safety and child well-being. SFY 2005 was the sixth year that the North Carolina Family Assessment Scale (NCFAS), Version 2.0, was used by IFPS programs. The NCFAS V2.0 data are discussed in detail later in this report.

During the past year, the number of minority children served by IFPS programs remained at 49% of all imminent risk children served (36% African American and 13% other minority populations). The proportion of white children in the service population remains at an all time low of 51%. The increase in service to minority children over the last five years is attributable to

the expansion of IFPS programs in counties with a high percentage of minority children in the child welfare population.

Program data has stabilized over the last five years with respect to referral source and primary issues affecting families. The changes seen in these data beginning in SFY 2001 were the direct result of the change in eligibility criteria implemented during that year. DSS referred families increased from 54% to 70% in SFY 2001 and have remained fairly constant (ranging from 70% to 80%) over the last five years. Since SFY 2001, the top three primary issues affecting families remain school difficulty, family conflict and violence, and neglect. Problems with substance abuse, various types of abuse, and delinquency are the next most frequently occurring problems presenting in families.

IFPS programs continue to show stability with regard to the age and sex distribution of imminent risk children over the past 5 years. Further, IFPS programs continue to demonstrate a very high degree of success in preventing placements, averaging about 93% per year with respect to families, and 94% with respect to individual children, over the last five years. Other important 5-year findings are that the IFPS program appears to have a significant effect on determining the level of service need for children who are ultimately placed in out-of-home care. Data indicate that children at risk of placement in correctional or psychiatric care at the time of intake often can be served in less costly, less restrictive alternative placements. Further, a small number of children at risk of placement into foster care have service needs identified that result in their receiving mental health services or more restrictive care.

Analyses of data from the North Carolina Family Assessment Scale reveal statistically significant relationships between “strengths” on several domains and placement prevention, and between “problems” on several domains and out-of-home placement. Further, the data indicate

convincingly that IFPS interventions are capable of improving family functioning across all the measured domains, and that these improvements in family functioning are statistically significantly associated with placement prevention.

Results of the on-going retrospective study of the effectiveness of IFPS indicate that IFPS is effective, and becoming more effective as compared to prior years, in preventing or delaying out-of-home placement among the target population of high-risk families when compared to the same types of families receiving traditional child welfare services. Results also indicate that the higher the risk evident in families, the larger the difference is between IFPS and traditional services. Further, IFPS appears to be effective at mitigating placement differences between white and non-white populations.

Taken as a whole, the evaluation results for the Intensive Family Preservation Services program in North Carolina reveal that:

- ◆ there are significant shifts in family functioning that occur during IFPS that are associated with positive treatment outcomes;
- ◆ placement prevention rates have been very steady, ranging between 88-95% of families, and 89-96% of children each year since the program began, with the SFY 2005 programs providing the best placement prevention rates to date;
- ◆ IFPS continues to be a very cost effective program, and yields a very favorable cost/benefit ratio;
- ◆ benefits appear to accrue for families that have received the service (as measured by living arrangements of families, service utilization by families, and their apparent abilities to handle family stress).

## **Introduction**

This is the twelfth Annual Report on North Carolina's Intensive Family Preservation Services (IFPS) program that presents data and information about families and children that have participated in the program. It is the ninth annual report in which data from more than one year are presented, including five-year trend data on the service population and a retrospective study examining the effectiveness of IFPS. This is the second year in which data from IFPS follow-up services are presented. Information about the IFPS program's activities and performance relating specifically to SFY 2005 are also presented.

Data that are presented graphically or in tables represent the most interesting findings from the current year, or from past years. There is also a section on Family Functioning, based upon the use of the North Carolina Family Assessment Scale. Further, the retrospective study to examine the treatment effects of IFPS has been expanded this year to include data on placement outcomes for DSS referred children served through December 2003. This report also incorporates the new section on IFPS follow-up services and presents data from the last two years (SFY 2004 and SFY 2005) in which these services have been provided to families after case closure.

Data from the IFPS statewide information system are presented that:

- ◆ examine this year's performance of the program,
- ◆ describe the historical trends of the program since its beginning,
- ◆ describe research and evaluation findings that help explain the program's data,
- ◆ examine the long term outcomes of families that have received the services, and
- ◆ discuss the cost effectiveness and cost/benefit of the program.



### ***Review of Program Goals***

The goal of North Carolina's Intensive Family Preservation Services Program is to prevent the unnecessary placement of children away from their families by providing intensive, in-home services that result in long term improvements in parents' abilities to care for and protect their children.

The services provided by IFPS programs are intended to meet the following objectives:

- ◆ to stabilize the crisis that places the child at imminent risk of placement;
- ◆ to keep the child, family and community safe by reducing the potential for violence (physical, sexual, emotional/verbal);
- ◆ to keep the child safe from the consequences of neglect;
- ◆ to help families develop skills and resources needed to face and resolve future crises; and,
- ◆ to improve family functioning so that the family's quality of life is improved.

Program Design Includes:

- ◆ Targeting families with children at imminent risk of out of home placement;
- ◆ Time-limited services lasting not more than six weeks;
- ◆ Home-based services where at least half of the face-to-face contact occurs in the family's home or community;
- ◆ Focus on promoting family competence, building on the family's strengths;
- ◆ Culturally competent services demonstrating understanding and respect for cultural and ethnic diversity;
- ◆ Therapeutic and concrete services;
- ◆ Round the clock access to family preservation caseworkers;
- ◆ Caseloads no greater than four families at any given time, and
- ◆ Specially trained and supported family preservation caseworkers.

### ***Placement Prevention as an Outcome Measure***

Throughout the report, “placement prevention,” or variations of the term, is one of several outcome measures used to discuss IFPS program success. Indeed, the definition of those eligible for IFPS (as expressed in the Division of Social Services’ Policies and Procedures for the IFPS program) is: “...child(ren) at imminent risk of out-of-home placement into the social services, mental health/developmental disabilities/substance abuse services, or juvenile justice system.” The prevention of “unnecessary” placements into these systems is a central philosophical underpinning of IFPS. However, many of these placements have become “unnecessary” only because there are now services (IFPS) that provide an *alternative* to placement in foster care or institutional care.

Having established the desirability of preventing unnecessary placements, it must be recognized that not all placements are preventable, and sometimes placement is in the best interest of the child. Therefore, “*placement prevention*” is not an entirely satisfactory success statistic, and it must be viewed within the context of child safety and family functioning. Child safety is the primary concern of all IFPS programs, and family functioning comprises a variety of things (resources, supports, skills, etc.) that enable families to resolve crises and remain together, safely.

### ***Review of Policies and Procedures on Eligibility and Imminent Risk***

The policies and procedures for IFPS programs were revised during fiscal year 2001 and effective April 1, 2001. Policy revisions during fiscal year 2001 standardized assessment criteria for determining imminent risk. Objective criteria have been established to standardize the definition of imminent risk for each referral source. These criteria include:

### *DSS Referred Cases*

- ◆ There has been a substantiation of neglect or dependency and there is a rating of “High Risk” on the standardized risk assessment worksheet for at least one child who has been substantiated in the family; or
- ◆ There has been a substantiation of abuse.

### *Juvenile Justice Referred Cases*

- ◆ There has been adjudication that the juvenile is delinquent or undisciplined, and the juvenile violates protective supervision or probation, or there are new charges; or
- ◆ The juvenile has been placed on Level 2 disposition by the court.

### *Mental Health Referred Cases*

- ◆ A child may be considered “at imminent risk of out of home placement” when the child’s treatment team determines that if IFPS were not offered, the child would be referred to a residential or inpatient setting; and
- ◆ A child receives a total CAFAS score of 60 or above, or a subscore of 30 on either the parent/caregiver or the moods/self-harm domain.

### ***Review of Policies and Procedures on IFPS Follow-Up Services***

The policies and procedures for IFPS programs were further revised during fiscal year 2003 to include a follow-up component to IFPS services. Beginning in SFY 2004, all IFPS programs are required to track families for 6 months after receiving IFPS services. Workers are instructed to contact families on a monthly basis, and to conduct a more comprehensive assessment of families during the 3<sup>rd</sup> month and 6<sup>th</sup> month contacts. The purpose of the follow-up contacts is to make sure that families are receiving the services that they were supposed to receive after IFPS, and to see if additional in-home services are needed.

The monthly follow-up contacts may be made by phone or by visiting the family and having a face-to-face contact with the family. These contacts may be at the worker’s initiation, or at the family’s initiation. Contact by either mechanism may trigger another episode of IFPS

services, if warranted. IFPS workers can re-open services to the family for a maximum of two weeks and a maximum of two times during the 6 month follow-up period. Workers are expected to document the nature of the contact, the services provided, and are also instructed to complete a modified NCFAS assessment during months 3 and 6.

## **Program Summary for SFY 2005**

### ***Number of Families, Caretakers and Children Served***

During SFY 2005, 27 IFPS programs provided services to families in 69 counties throughout North Carolina. Table 1, below, presents a detailed table of the programs and counties served, as well as the number of families, imminent risk children, total children and caretakers served.

**Table 1: Number of Families, Caretakers and Children Served by IFPS Programs During SFY 2005, Listed by Program and County**

<b>INTENSIVE FAMILY PRESERVATION PROGRAM</b>	<b>COUNTY SERVED</b>	<b>FAMILIES SERVED</b>	<b>CARE-TAKERS SERVED</b>	<b>IMMINENT RISK CHILDREN SERVED</b>	<b>ALL CHILDREN SERVED</b>
Mountain Youth Resources Region 1	Buncombe	28	46	70	79
	Cherokee	3	5	4	4
	Clay	1	1	1	4
	Graham	2	3	3	5
	Haywood	4	5	4	8
	Jackson	5	8	4	14
	Macon	15	24	18	36
	Swain	3	4	4	9
	Transylvania	1	1	3	3
Buncombe County DSS	Buncombe	3	5	5	6
Appalachian Family Innovations Region 2	Avery	1	2	1	1
	Burke	10	14	12	27
	Caldwell	8	11	3	21
	Cleveland	15	23	24	43
	Lincoln	2	3	3	3
	McDowell	1	2	2	2
	Rutherford	5	10	17	18
Foothills Mental Health	Alexander	1	1	1	3
Gaston County DSS—Region 2	Gaston	32	43	61	61
Cabarrus County DSS	Cabarrus	7	11	14	14
Methodist Home—Region 9	Pitt	14	20	17	17
Smoky Mountain Mental Health	Jackson	1	1	1	2

<b>INTENSIVE FAMILY PRESERVATION PROGRAM</b>	<b>COUNTY SERVED</b>	<b>FAMILIES SERVED</b>	<b>CARE- TAKERS SERVED</b>	<b>IMMINENT RISK CHILDREN SERVED</b>	<b>ALL CHILDREN SERVED</b>
CADA Families in Focus—Region 9	Northampton	2	3	4	7
Family Connections—Region 5	Caswell Person	1 12	1 14	1 24	1 30
Catawba County DSS—Region 3	Catawba	18	29	35	42
Appalachian Family Innovations Region 3	Alexander Iredell	5 12	9 19	13 27	14 27
BIABH—S. Region 2	Rutherford	2	3	6	6
Rainbow Center—Region 3	Ashe Caldwell Watauga Wilkes	2 1 1 6	3 1 2 10	5 2 4 19	5 2 4 19
Youth Homes—Region 3	Mecklenburg	32	42	92	92
Exchange SCAN—Region 4	Davie Forsyth Rockingham Stokes	2 26 1 1	3 33 1 2	3 67 4 0	3 77 4 1
Piedmont Behavioral (Daymark) Region 4	Cabarrus Davidson Union	4 3 2	7 5 5	5 3 2	6 8 4
Family Services of the Piedmont Region 5	Guilford Randolph	18 1	24 1	51 1	51 1
Youth Focus—Region 5	Guilford	19	27	50	50
Methodist Home—Region 8	Duplin Greene Johnston Washington Wayne Wilson	1 2 10 1 7 2	1 3 17 1 13 2	1 2 20 1 10 5	1 2 23 1 10 5

<b>INTENSIVE FAMILY PRESERVATION PROGRAM</b>	<b>COUNTY SERVED</b>	<b>FAMILIES SERVED</b>	<b>CARE- TAKERS SERVED</b>	<b>IMMINENT RISK CHILDREN SERVED</b>	<b>ALL CHILDRE N SERVED</b>
Martin County Community Action Region 9	Gates	1	2	1	1
	Hertford	2	4	8	8
	Pasquotank	1	1	1	2
	Perquimans	3	4	7	8
Methodist Home—Region 10	Beaufort	15	20	29	31
	Craven	1	1	1	5
	Dare	14	23	27	27
	Onslow	9	13	25	25
	Wilson	1	1	6	7
Martin County Community Action Region 7	Bladen	6	6	7	17
	Brunswick	4	5	8	10
	Columbus	1	1	1	3
	Cumberland	4	6	10	11
	Harnett	1	2	4	4
	New Hanover	3	4	4	4
	Robeson	2	2	4	8
CADA Families in Focus—Region 8	Edgecombe	3	4	4	7
	Halifax	13	15	14	29
	Nash	4	7	10	14
Raleigh FRC—Region 6	Durham	7	11	17	20
	Lee	3	5	7	7
	Moore	1	1	1	3
	Richmond	9	10	19	20
	Scotland	1	1	2	2
	Wake	7	9	20	20
Youth Opportunities—Region 4	Davie	1	2	1	1
	Forsyth	2	3	6	6
Family Center of Alamance Region 5	Alamance	2	2	4	4
	Orange	2	4	5	5
<b>Totals</b>		<b>479</b>	<b>693</b>	<b>982</b>	<b>1185</b>

During SFY 2005, a total of 479 families received services that ended before July 1, 2005. There were 982 imminent risk children identified in these families, among a total of 1,185 children in the families; 693 caretakers were served directly by the programs.

### ***Referral Information***

Table 2 presents information collected at the time the case is referred to IFPS for service. The majority of referrals came from DSS (79%), followed by Mental Health (10%) and Juvenile Justice (10%); all other sources, combined, accounted for about 1%. The average response time from referral to the first visit to the family by an IFPS worker was 1.37 days.

**Table 2: Referral Information for Families Served by IFPS Programs**

<b>Referral Information</b>	<b>Number</b>	<b>Percent</b>
<b>Referral Source</b>		
DSS	378	78.9%
MH/DD/SAS	50	10.4%
Juvenile Justice	46	9.6%
Other	5	1.0%
<b>Average Number of Days from Referral to First Home Visit</b>	1.37	
<b>DSS Referred Families with Substantiation of Abuse and/or Neglect</b>	339	89.9%
<b>Risk Assessment Rating for those with Substantiation</b>		
Low	2	0.6%
Medium	22	6.5%
High/Intensive	315	92.9%
<b>Average Number of Days from Substantiation to IFPS Referral</b>	81.50	

Eligibility criteria require that DSS referred cases have either a substantiation of neglect or dependency and a “high” or “intensive” rating on the North Carolina Family Risk Assessment of Abuse/Neglect completed by the DSS investigator, or a substantiation of abuse (in which case families are eligible regardless of the risk level). In SFY 2005, 90% of DSS referred cases were reported to have had a substantiation of abuse and/or neglect. The majority (93%) of these families had a “high” or “intensive” rating on the family risk assessment. The average length of



time from the DSS substantiation of abuse and/or neglect to the referral for IFPS services was 81.5 days.

### ***Family Information***

Table 3 presents information collected about families at referral and intake. About 5% of families served in SFY 2005 had received IFPS previously. Lack of financial resources was indicated as causing significant family stress in 45% of families; these families did not have incomes sufficient to meet their basic needs.

**Table 3: Family Information at Referral and Intake**

<b>Family Information</b>	<b>Number</b>	<b>Percent</b>
<b>Families that Previously Received IFPS</b>	22	4.8%
<b>Families Without Sufficient Income to Cover Basic Needs</b>	173	45.3%
<b>Top 10 Issues Presenting the Family at Referral</b>		
Family conflict/violence	296	61.8%
Neglect	285	59.5%
School difficulty	224	46.8%
Other drug abuse	125	26.1%
Mental illness	117	24.4%
Learning disability	97	20.3%
Alcohol abuse	90	18.8%
Physical abuse	75	15.7%
Delinquency	68	14.2%
Truancy	67	14.0%
<b>Average Number of Issues Indicated per Family</b>	4.33	
<b>Strengths Identified in 50% or More of Families at Intake</b>		
Eager to keep family together	394	82.6%
Verbal	354	74.2%
Pleasant	295	61.8%
Responsive	278	58.3%
Receptive	266	55.8%
Caring	257	53.9%
Orderly/neat in home and person	247	51.8%
Protective	247	51.8%
Respectful of other	242	50.7%
<b>Average Number of Strengths Identified per Family</b>	9.98	

The major issues placing children at risk at the time of referral were: family conflict and violence; neglect; school difficulty; alcohol or other drug abuse by one or more family members; mental illness; delinquency; learning disability; truancy; and physical abuse. On average, 4 major issues were identified per family that placed children at imminent risk of placement. In

spite of these issues, in the majority (83%) of families IFPS workers were able to identify at least one caretaker who was eager to keep the family together, and who displayed various strengths that were used as the foundation of the IFPS worker's intervention plan. Caseworkers were able to identify an average of 10 family strengths per family that would aid in the intervention plan.

### ***Caretaker Demographics***

In SFY 2005, 693 caretakers were living in the homes of the 479 families served by the IFPS programs. Table 4 presents demographic information for these caretakers.

**Table 4: Demographics of Caretakers Living in the Home<sup>1</sup>**

<b>Demographics of Caretakers Living in the Home</b>	<b>Number</b>	<b>Percent</b>
<b>Age</b>		
<b>Average Age</b>	35	
Under 18	5	0.7%
18 – 24	114	16.8%
25 – 30	132	19.4%
31 – 40	264	38.9%
41 – 50	112	16.5%
51 – 60	30	4.4%
Over 60	22	3.2%
<b>Gender</b>		
Female	479	69.3%
Male	212	30.7%
<b>Race</b>		
White	434	63.0%
African American	209	30.3%
Other	46	6.7%
<b>Working Full-Time</b>	226	32.6%
<b>Working Part-Time</b>	67	9.6%
<b>Unemployed</b>	282	40.7%
<b>Unemployed—Homemaker</b>	33	4.8%
<b>Unemployed—Disabled</b>	63	9.1%
<b>Educational Status</b>		
Less than 10 <sup>th</sup> grade	61	11.3%
10 <sup>th</sup> – 12 <sup>th</sup> grade	188	34.8%
High school/GED	200	37.0%
Post college/college graduate	92	17.0%

<sup>1</sup> Numbers do not sum to 693 due to missing data. Percentages reported in the tables do total 100%, however, because the valid percent was reported, excluding the missing data.

The average age of the caretakers served by the program was 35 years old. One-third (37%) of the caretakers were 30 years old or less, one-quarter (24%) were over the age of 40, and the remaining 39% were between 31 and 40 years old. Two-thirds (69%) of caretakers living in the home were female. The majority of caretakers were White (63%), 30% were African American, and 7% were of other minority races. Only 33% of caretakers were employed in full-time work and an even greater percentage (41%) of caretakers were unemployed and in need of work. Nearly half (46%) of all caretakers had less than a high school diploma.

### ***Imminent Risk Child Demographics***

In SFY 2005, 982 children were identified as being at imminent risk of out-of-home placement from among the 479 families served by the IFPS programs. Table 5 presents demographic information on the children at imminent risk of out-of-home placement.

**Table 5: Demographics of Imminent Risk Children<sup>2</sup>**

<b>Demographics of Imminent Risk Children</b>	<b>Number</b>	<b>Percent</b>
<b>Age</b>		
Average Age	8.15	
0 – 5	353	36.0%
6 – 12	374	38.1%
13 – 15	194	19.8%
16 – 17	60	6.1%
<b>Gender</b>		
Female	505	51.5%
Male	475	48.5%
<b>Race</b>		
White	495	50.5%
African American	352	35.9%
Other	134	13.7%
<b>Risk of System Placement</b>		
Social Services	875	89.2%
Mental Health	42	4.3%
Substance Abuse Services	0	0.0%
Juvenile Justice	57	5.8%
Developmental Disability	0	0.0%
Private Placement	7	0.7%

The average age of the imminent risk child was about 8 years old. Fifty-two percent of the imminent risk children were female and 49% were male. Half (51%) of the children were White and 36% were African American. Other minority children represented 14% of the imminent risk children served. (Refer to the “Five Year Trend Analysis” section for more information about the racial distribution of the IFPS population.) The large majority of children (89%) were at risk of a Social Services placement. Another 4% were at-risk of a Mental Health placement, and 6% were at-risk of a Juvenile Justice placement.

The revised IFPS Policies and Procedures detail specific imminent risk criteria for each type of referral source. Table 6 presents summary information on the imminent risk criteria for children at imminent risk of out-of-home placement.

<sup>2</sup>Numbers do not sum to 982 in every category due to missing data. Percentages reported in the tables do total 100%, however, because the valid percent was reported, excluding the missing data.

**Table 6: Imminent Risk Criteria for Imminent Risk Children by Referral Source<sup>3</sup>**

<b>Imminent Risk Criteria</b>	<b>Number</b>	<b>Percent</b>
<b>DSS Referred IR Children</b>	870	88.6%
<b>Maltreatment Type</b>		
Physical/Emotional/Sexual Abuse	77	9.4%
Neglect	737	89.8%
Delinquent	7	0.9%
<b>Risk Assessment Rating</b>		
Missing	4	0.5%
Low	10	1.1%
Medium	58	6.7%
High/Intensive	798	91.7%
<b>Mental Health Referred IR Children</b>	52	5.3%
<b>Average CAFAS Score</b>	66.27	
<b>When CAFAS &lt;60, which domain had sub-score of 30</b>		
Parent/Caregiver	5	100.0%
Moods/Self-Harm	0	0.0%
<b>Juvenile Justice Referred IR Children</b>	52	5.3%
<b>Type of Adjudication</b>		
Undisciplined	19	36.5%
Delinquent	33	63.5%
<b>If Delinquent, Most Serious Offense</b>		
Violent	1	3.0%
Serious	18	54.5%
Minor	14	42.4%
<b>Other Criteria (could mark more than 1)</b>		
Violated Supervision/Probation	29	55.8%
New Charges Filed	16	30.8%
Placed on Level 2 Disposition	16	30.8%

From the data available in SFY 2005, the majority of imminent risk children (89%) were referred from a DSS referral source. Most (90%) DSS referred imminent risk children had neglect as the primary type of maltreatment substantiated. The majority (92%) of these children had a risk rating of “high” or “intensive.” Recall that the new Policies and Procedures requires a rating of “high” or “intensive” risk for neglect cases; children substantiated for abuse are eligible for services regardless of the risk level. Mental health referred 5% of imminent risk children served. The average CAFAS score for these children was 66. All but five children had

<sup>3</sup> Referral source numbers do not sum to 982 due to missing data. Percentages reported in the tables do total 100%, however, because the valid percent was reported, excluding the missing data.

a CAFAS score over the required minimum total score of 60, but they all had a parent/caregiver domain score over 30. The remaining 5% of imminent risk children were referred for services from juvenile justice agencies. The majority (64%) of these children were adjudicated delinquent and the remaining 37% were adjudicated undisciplined. For those imminent risk children adjudicated delinquents, 3% committed a violent offense, 55% committed a serious offense, and 42% committed a minor offense. More than half (56%) of juvenile justice referred imminent risk children had violated supervision or probation, one-third (31%) had new charges filed against them and one-third (31%) had been placed on level 2 disposition. These data indicate a high degree of compliance with the new IFPS eligibility criteria implemented in SFY 2001.

### ***Service Delivery Information***

Table 7 presents regularly collected service delivery information from the 479 families served in SFY 2005. Workers averaged 70 hours of service to each of the families during the typical 6-week service period. About 32 hours, on average, were spent in face-to-face contact with the family. About 12 hours were devoted to client-related travel, 11 hours to administrative tasks and record keeping, and about 14 hours to a combination of case management activities (including telephone contact, conversations with “collaterals,” supervision, court time, etc.).

Table 3 reported that 45% of families were experiencing financial hardship and did not have enough money to cover the basic needs of the family. In SFY 2005, IFPS programs provided monetary assistance totaling \$17,132 to 19% of all families served to alleviate emergency crises and stabilize the living situation. This amount averaged \$192 per family receiving monetary assistance.

**Table 7: Service Delivery Information**

<b>Service Delivery Information</b>	<b>Number</b>	<b>Percent</b>
<b>Average Number of Hours of:</b>		
Face to Face Contact	32.37	
Telephone Contact	4.15	
Collateral Contact	4.74	
Client Related Travel	12.43	
Supervision	4.74	
Administrative/Record Keeping	10.88	
Miscellaneous Contact	.20	
<b>Average Number of Hours of All Case Related Activities</b>	<b>69.51</b>	
<b>Families in Need of Monetary Assistance</b>	<b>89</b>	<b>18.6%</b>
<b>Families Provided Monetary Assistance (of those who needed)</b>	<b>89</b>	<b>100.0%</b>
<b>Total Dollars Families Needed</b>	<b>\$17,598</b>	
<b>Total Dollars Families Provided</b>	<b>\$17,132</b>	
<b>Average Dollars Provided per Family in Need</b>	<b>\$192</b>	

### ***Closure Information***

Table 8 presents information collected about families served at the time of case closure. The average IFPS case lasted an average of 38.88 days (5.6 weeks). The majority of cases (82%) were closed successfully when services were completed. Another 12% of cases were closed after the family moved, the child moved to live with a relative or family friend (still considered a “home” placement), the family withdrew, or the family was consistently uncooperative. Only a small percentage of cases (5%) were closed due to child placement or the risk to the child was too high and placement was imminent. A total of 25 families (5%) experienced the placement of an imminent risk child or children. In the judgement of IFPS workers, sufficient progress was made during the IFPS intervention to permit the children to remain at home in 95% of the families. However, 85% of families were referred to other services at the time IFPS services ended to continue to work on issues after the precipitating crisis was stabilized and risks to the child(ren) sufficiently reduced.

**Table 8: Case Closure Information**



<b>Case Closure Information</b>	<b>Number</b>	<b>Percent</b>
<b>Average Number of Days from Referral to Closure</b>	38.88	
<b>Reason Case was Closed</b>		
Child Placed	18	3.8%
Risk to Children Too High	5	1.0%
Child Moved (to live with relative/family friend)	8	1.7%
Family Moved/Left Jurisdiction	6	1.3%
Family Withdrew/Consistently Uncooperative	43	9.0%
Services Completed/Service Period Ended	393	82.0%
Other Reason	6	1.3%
<b>Imminent Risk Child Living Situation at Closure</b>		
Home	872	88.8%
Relative	60	6.1%
Family Friend	8	0.8%
Social Services	31	3.2%
Mental Health	4	0.4%
Juvenile Justice	1	0.1%
Private Placement	2	0.2%
Other Placement	4	0.4%
<b>Imminent Risk Children Experiencing an Out-of-Home Placement at Closure</b>	42	4.3%
<b>Families Experiencing an Out-of-Home Placement of 1+ Imminent Risk Child(ren)</b>	25	5.2%
<b>Families Referred for Other Services at Closure</b>	407	85.1%

### ***Families Not Accepted/Appropriate for IFPS***

Each year many families are referred for IFPS but not served. Reporting those data to the state is optional; therefore, this information is likely an underestimate of the total number of families that were referred for IFPS. Table 9 presents summary information about these families. In SFY 2005, at least 164 families and 314 imminent risk children were referred for IFPS and not served. The majority of referrals (74%) came from county Department of Social Services. One-third (29%) of families were denied services because caseloads were full, and 18% were not served because the family did not meet the referral system eligibility criteria. Twenty-six percent of families were not willing to participate in services. Just over half (52%) of families that did not receive services were White, 37% were African American, and 8% were other minorities.

**Table 9: Families Not Accepted/Appropriate for IFPS<sup>4</sup>**

<b>Families Not Accepted/Appropriate for IFPS</b>	<b>Number</b>	<b>Percent</b>
<b>Number of Families Referred, but Not Served</b>	164	
<b>Reason Families Not Accepted/Appropriate for IFPS</b>		
Caseloads Full	47	28.8%
Unable to Locate within 48 Hours	19	11.7%
Risk too High	8	4.9%
Did Not Meet Referral System Eligibility Criteria	30	18.4%
Family Not Willing to Participate	43	26.4%
Other Reason	16	9.8%
<b>Agency from Which Family Was Referred</b>		
DSS	119	74.4%
Mental Health	9	5.6%
Juvenile Justice	22	13.8%
Other Source	10	6.3%
<b>Total Number of Imminent Risk Children Referred and Not Served</b>	314	
<b>Average Number of Imminent Risk Children per Family Referred and Not Served</b>	1.91	
<b>Family Race</b>		
White	82	51.6%
African American	59	37.1%
Other	12	7.5%

<sup>4</sup> Numbers do not sum to 164 in every category due to missing data. Percentages reported in the tables do total 100%, however, because the valid percent was reported, excluding the missing data.

## **Five Year Trend Analysis**

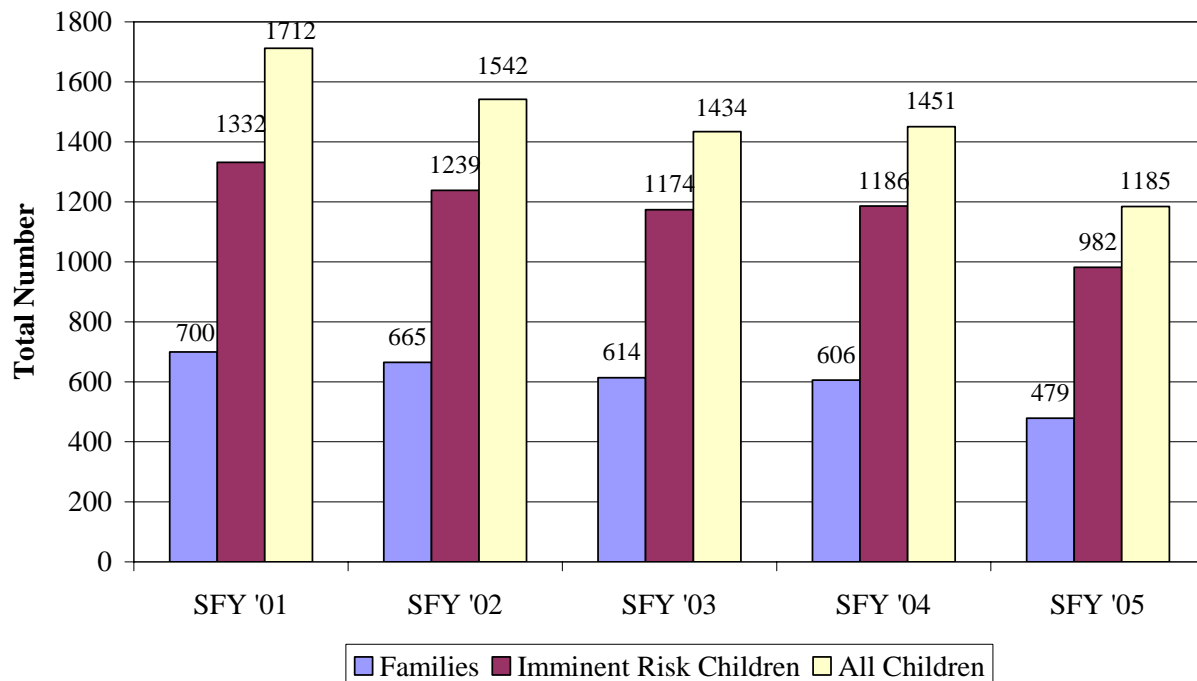
Since the enactment of Senate Bill 141 of the Family Preservation Act of 1991, North Carolina's IFPS providers have served more than 7000 families. The automated IFPS case record and management information system was implemented in January 1994, and contains detailed information on 6,810 families served. This large database provides highly reliable estimates of program trends since the system has been operating at "full capacity" for 11.5 years. Findings in this section, unless specifically noted otherwise, relate to the total population of families served in the last five years, SFY 2001 through SFY 2005.

Five-year trend analyses of a number of variables indicate a high degree of stability, and therefore predictability, in a number of areas of interest to IFPS programs, policy executives and the legislature. These analyses also present positive changes to the program where administrative attention has focused on program development.

### ***Number of Families, Caretakers and Children Served***

The number of programs offering IFPS services increased significantly in SFY 2001 when IFPS programs were expanded to reach new areas of the state. In the 3 years prior to SFY 2001, the number of programs offering IFPS services varied only slightly (22 programs serving between 34 and 38 counties). Currently, there are 27 IFPS programs offering services to all 100 counties. In SFY 2005, families in 69 counties throughout the state received these services. Figure 1 (next page) presents the number of families, imminent risk children, and total children served annually by IFPS programs. The program has served an average of 613 families per year (from a low of 479 families in SFY 2005 to a high of 700 families in SFY 2001). The number of imminent risk children served in these families averages 1,183 per year among an average of 1,465 total children served annually.

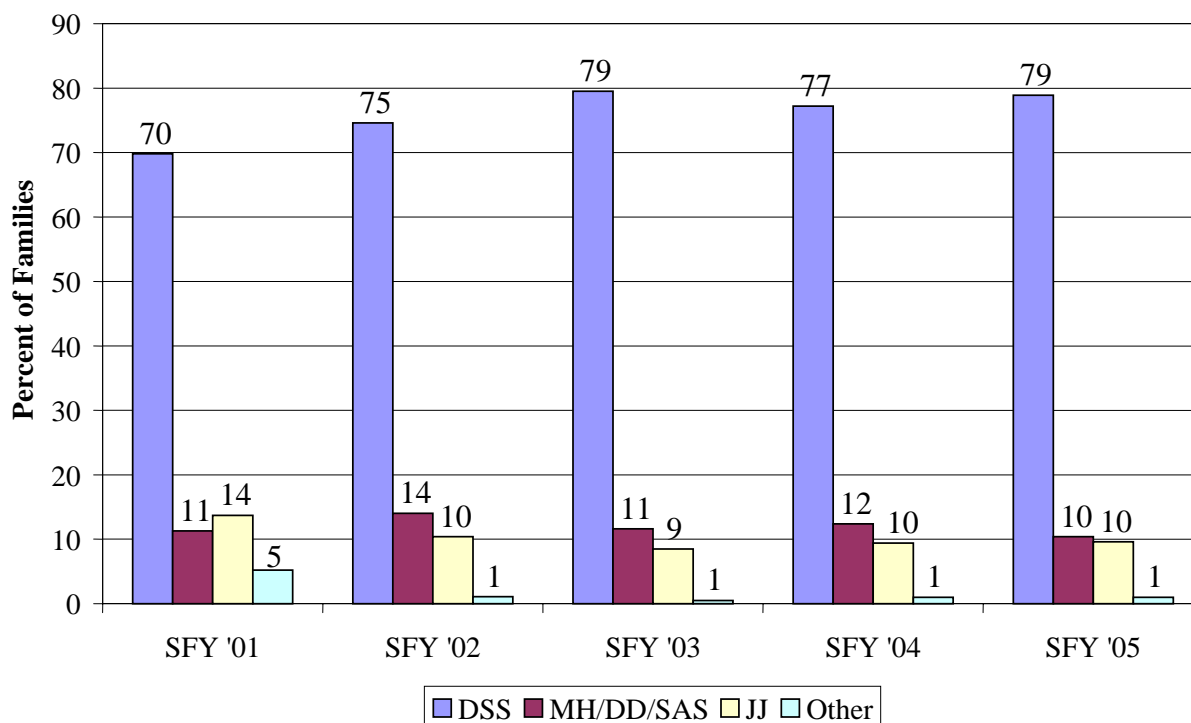
**Figure 1. Number of Families, Imminent Risk Children and Total Children Served by IFPS Programs**



### ***Referral Source***

Prior to SFY 2001, the sources of referral remained quite constant: between 54% and 57% have come from DSS, 19% to 21% from MH/DD/SAS, 15% to 21% from Juvenile Justice, and only 7% to 8% from all other sources. In SFY 2001, DSS referrals increased to 70%. Since that time, referrals have again remained fairly constant: between 70% and 80% have come from DSS, 10% to 14% from MH/DD/SAS, 9% to 14% from Juvenile Justice, and only 1% to 5% from all other sources (see Figure 2, next page). The decline in referrals from MH/DD/SAS and Juvenile Justice can be attributed to the majority of expansion programs being funded to serve children referred from DSS sources.

**Figure 2. Percent of Families Served by IFPS Referral Source**



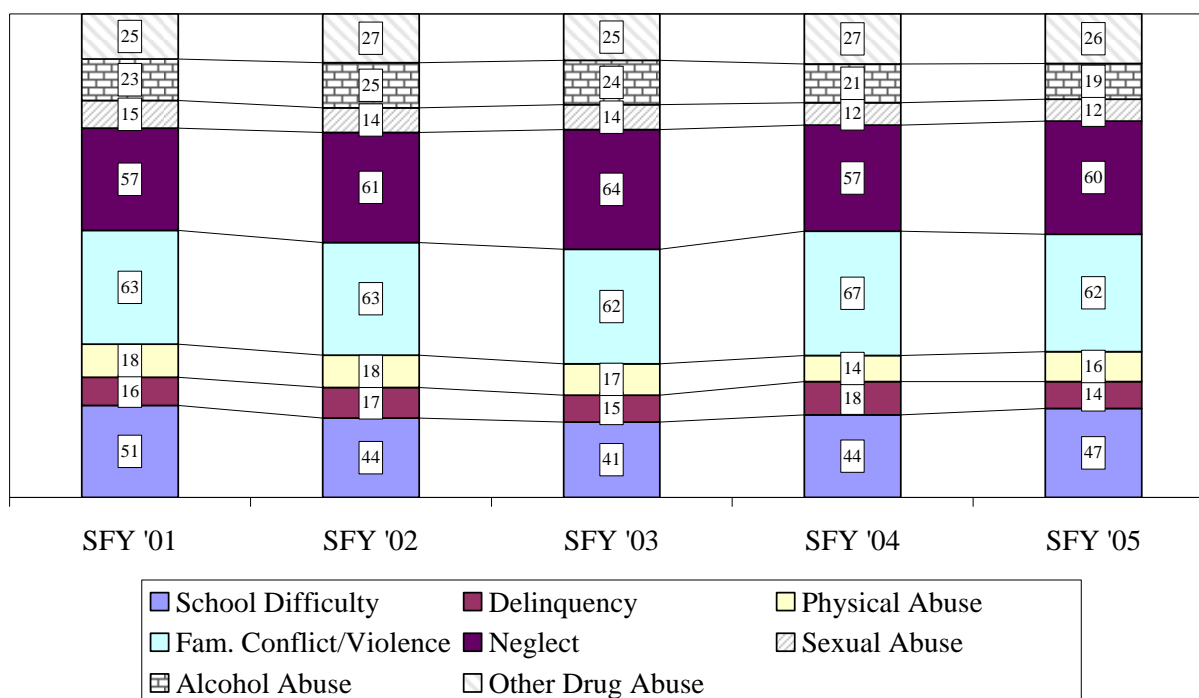
### ***Age and Gender of Imminent Risk Children***

The distribution of ages of imminent risk children has remained stable throughout the last five years: 31% to 37% have been 0-5 years of age, 37% to 45% have been 6-12 years of age, 19% to 20% have been 13-15 years of age, and 4% to 7% have been 16+ years of age. The gender of imminent risk children has been 47% to 52% female, and 48% to 53% male.

### ***Primary Issues Affecting Families at Referral***

Figure 3 presents data on the types of problems affecting families. (Note that each section of a bar represents the percent of families experiencing a particular problem, and that families may experience multiple problems. Therefore, the bars do not add to 100%, but represent the cumulative percentages of families experiencing that problem in a given year).

**Figure 3. Primary Issues Affecting Families at Referral: Percent of Families Experiencing Issue**



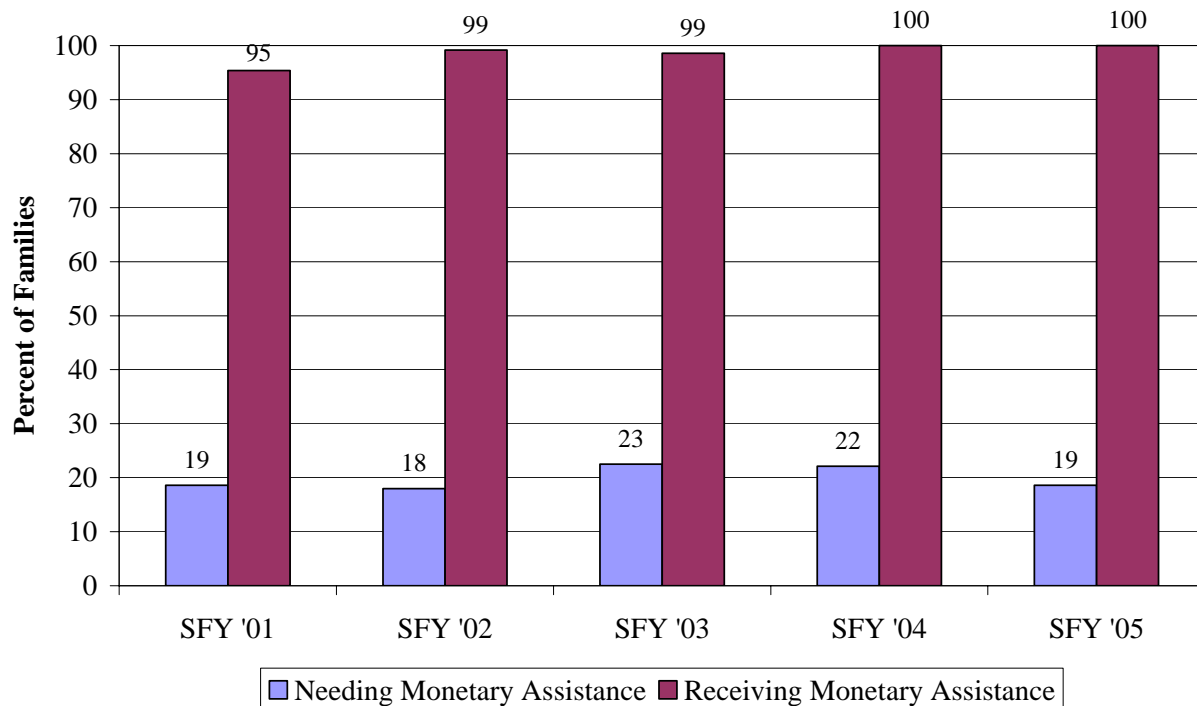
The types of problems affecting families remained quite consistent through SFY 2000. In SFY 2001 new eligibility criteria and imminent risk definitions were implemented, along with a significant expansion of IFPS programs serving DSS referred children, which resulted in a shift of the proportion of families experiencing issues in the major problem areas. The major problem areas remain school difficulty, delinquency, family violence, neglect, substance abuse and various types of abuse.

## Monetary Assistance

Lack of financial resources is a major stressor for IFPS families. This variable is not rated on the area of the case record that contributes to the “problem areas” presented in Figure 3, so these data are not part of that Figure. However, IFPS workers identify 2/5 (between 39% and 45%) of IFPS families annually as “being without sufficient incomes to meet their basic needs.”

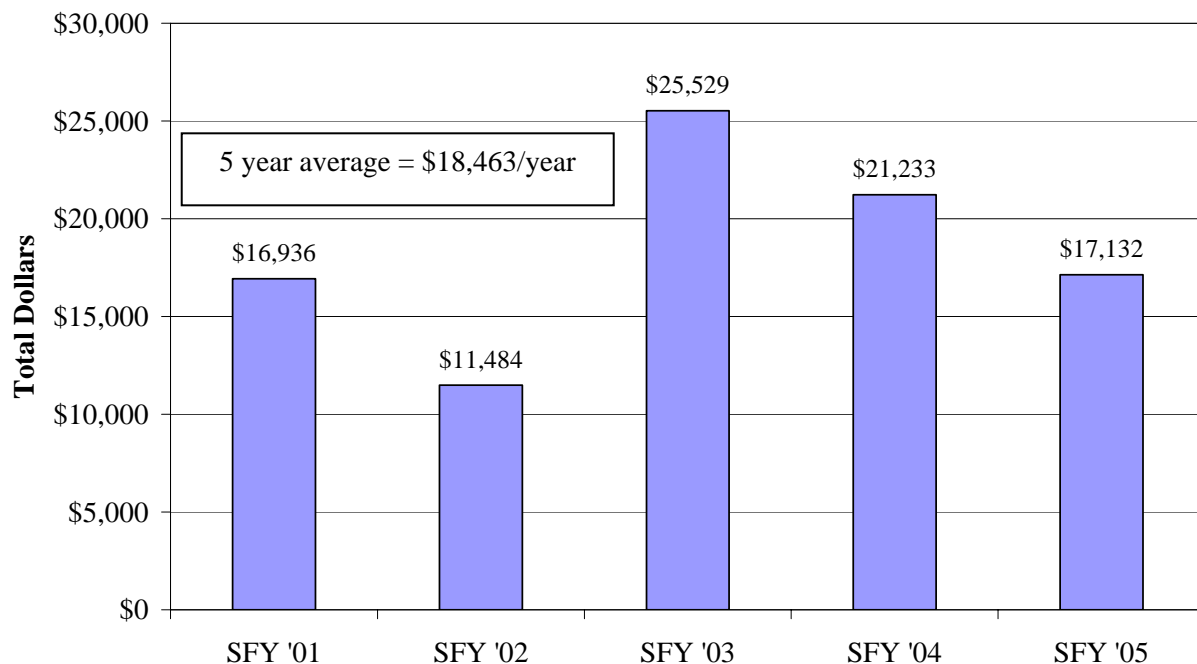
Figure 4 illustrates that the number of families identified as needing monetary assistance has remained fairly constant over the last 5 years, ranging from 18% to 23% of families (not all families with insufficient incomes are so identified). The percent of families receiving assistance (of those who needed assistance) has also remained constant, at 95% to 100% per year.

**Figure 4. Percent of Families Needing and Receiving Monetary Assistance from IFPS**



The provision of monetary resources to these families is an area that has fluctuated greatly over the past five years. Figure 5 illustrates these changes. The amount of money devoted to providing monetary assistance to families in need by IFPS programs was at a high of \$25,529 in SFY 2003 and at a low of \$11,484 in SFY 2002. The reasons for these fluctuations from year to year are not known. The five-year average of total dollars provided to families in need is \$18,463 per year.

**Figure 5. Total Dollars Provided as Monetary Assistance to Needy IFPS Families**



The fact that monetary assistance is available to IFPS families does *not* imply that IFPS is an alternative “welfare” type program. On the contrary, of the 602 families (SFY 2001 through SFY 2005) that have received monetary assistance as part of their IFPS service plan received an average of \$153. Rather than resembling a welfare payment, these small amounts of

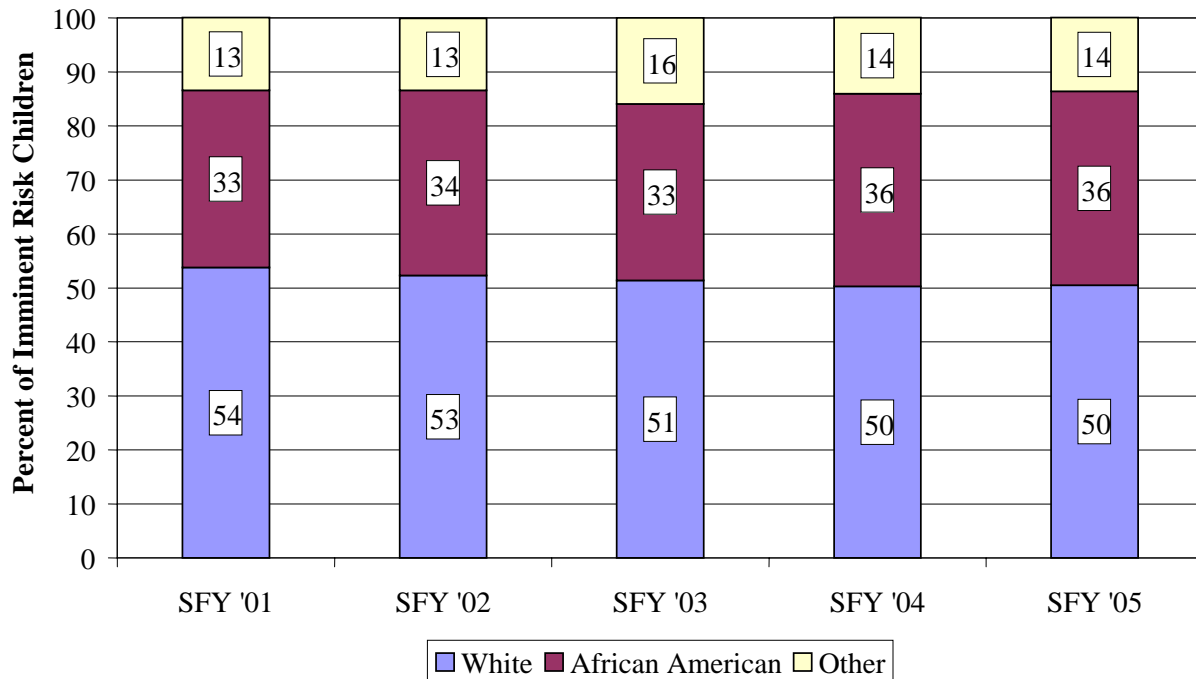


money are a deliberate and focused attempt to alleviate a particular family stressor (e.g., repair of a car or needed appliance, restoration of electricity or telephone service to the home, provide a social or recreational activity intended to enhance family relations).

### ***Race of Imminent Risk Children***

The race of children served by IFPS providers is a variable where substantial changes have occurred since the automated IFPS case record and management information system was implemented in January 1994. However, over the last five years, the racial distribution of imminent risk children served has stabilized. Figure 6 displays these data. Since SFY 1997 (not shown), when the proportion of African American children served increased to 34% (from 25% the previous year), variations in the racial distribution of African American children served (varying from 33% to 36% over the past five years) and other minority children (varying from 13% to 16% over the past five years) have been small.

**Figure 6. Race of Imminent Risk Children in Families Receiving IFP**



### ***Placement of Imminent Risk Children***

Another important finding emerged in the trend analysis that relates broadly to the entire child welfare system: even if children are placed out of home at the end of IFPS services, the program data reveal a statistically significant shift in the level of care needed by those children. These data are presented in Table 10.

**Table 10. Risk of System Placement of Imminent Risk Children at Referral Compared to Living Arrangement After IFPS, For Children Who Were Placed in Out-Of-Home Care, SFY 2001 through SFY 2005**

<b>Living Arrangement After IFPS</b>	<b>Risk of System Placement at Referral</b>				
<b>Count Column %</b>	<b>Social Services</b>	<b>Mental Health</b>	<b>Juvenile Justice</b>	<b>Private Placement</b>	<b>Row Total</b>
<b>Social Services</b>	219 78.5%	5 16.7%	4 17.4%	0 0.0%	228 68.3%
<b>Mental Health</b>	12 4.3%	21 70.0%	1 4.3%	0 0.0%	34 10.2%
<b>Juvenile Justice</b>	4 1.4%	2 6.7%	10 43.5%	0 0.0%	16 4.8%
<b>Private Placement</b>	8 2.9%	0 0.0%	4 17.4%	1 50.0%	13 3.9%
<b>Other Placement</b>	36 12.9%	2 6.7%	4 17.4%	1 50.0%	43 12.9%
<b>Column Total Row %</b>	279 83.5%	30 9.0%	23 6.9%	2 0.6%	334 100.0%

These data show that almost three-quarters (70%) of the children at risk of placement into Mental Health/Developmental Disabilities/Substance Abuse Services and nearly half (44%) of the children at risk of placement into Juvenile Justice facilities at referral, and who are ultimately placed out of home, are placed in those types of facilities. Seventeen percent of those children “placed” who were originally at risk of MH/DD/SAS placement were able to be placed in foster care. Seventeen percent of children at risk of Juvenile Justice placement were also served in foster care, and an additional 4% at risk of Juvenile Justice placement were placed, instead, in MH/DD/SAS facilities, presumably because they were found to need these services rather than incarceration. Additionally, 79% of the children who were originally at risk of placement into foster care, and who were placed, were placed in that system. A small number (4%) of these children were found during IFPS to need MH/DD/SAS services, and an even smaller number (1%) were found to need more restrictive Juvenile Justice placement. These differences in

placement outcomes, when compared to risk of placement at referral, are highly statistically significant (Chi Square = 247.724; df = 12;  $p < .001$ ).

## **Family Functioning at Intake and Case Closure**

During the spring of SFY 1994-95, the North Carolina Family Assessment Scale (NCFAS) was implemented as a formal part of the IFPS case process and record keeping system. The NCFAS was developed by staff at the Jordan Institute for Families in cooperation with a working group of North Carolina IFPS providers, and is based on a compilation of several assessment instruments used in North Carolina, Michigan, California, and elsewhere.

The development and implementation of the NCFAS has been discussed in previous reports. The report for SFY 1999 discussed the validation study conducted in 1997 and 1998, and the revisions to the NCFAS that resulted in Version 2.0. The complete reliability and validity study has also been published in the professional literature (Research on Social Work Practice, Volume 11, Number 4, July 2001, pages 503-520). The NCFAS V2.0 was implemented statewide on July 1, 1999, and data are now available for 6 full years of service delivery. However, findings in this section relate to the total population of families served in the last five years, from SFY 2001 through SFY 2005.

The NCFAS provides information on family functioning in a variety of areas relevant to the typical IFPS family, and provides pre-service and post-service information in order to measure change that occurs during the IFPS service period. Changes in family functioning that occur during this period are related to stressors impacting families, which in turn, impact their ability to remain united at the end of the service period.

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. Each of these domains comprises a series of sub-scales. For example, the domain of Environment includes sub-scales on housing

stability, safety in the community, habitability of housing, income/employment, financial management capability, adequacy of food and nutrition, personal hygiene, availability of transportation, and the “learning” environment.

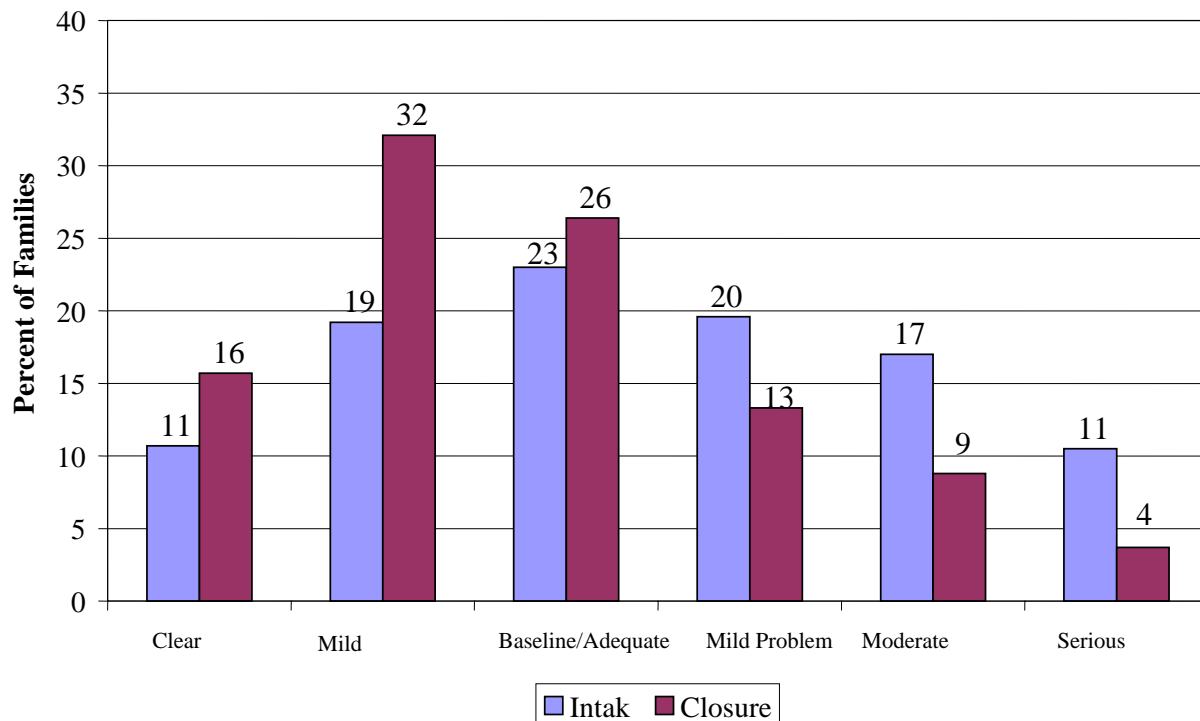
Assessments are made by IFPS workers at the beginning of the service period and again at the conclusion of service. The data of interest include both the absolute ratings at intake and closure and the change scores derived between the two assessment periods. For example, if a family received a rating of “-2” on the Environment domain at the beginning of service and received a “+1” at the end of service, the change score is +3, indicating movement of three scale increments in the positive direction. The change score is derived independently from the actual position of the scores on the scale; that is, a change from “0” to “+2” is considered to be of the same magnitude as a change from “-3” to “-1”, or +2 in both cases. This strategy is deliberate in that the change scores may indicate a meaningful change in the status of the family, or of the trajectory of the family (i.e., deterioration to improvement), while at the same time acknowledging that not all problems can be resolved completely during a brief intervention.

Figures 7 through 11 present the aggregate intake and closure ratings for the 5 domains on the NCFAS V2.0 for the 3,063 families served over the last five years. The findings from the NCFAS 2.0 are quite consistent with expectations, based on the results of the reliability and validity study.

Beginning with Figure 7, next page, it can be seen that the majority of families do not enter services with problem ratings in the area of Environment. Fifty-three percent of families are rated as being at “Baseline/Adequate or above” at intake. At closure, three quarters (74%) of families are “Baseline/Adequate or above.” Families not rated as having environmental issues to resolve at intake also are not likely to have case plans focusing on those issues. However, there

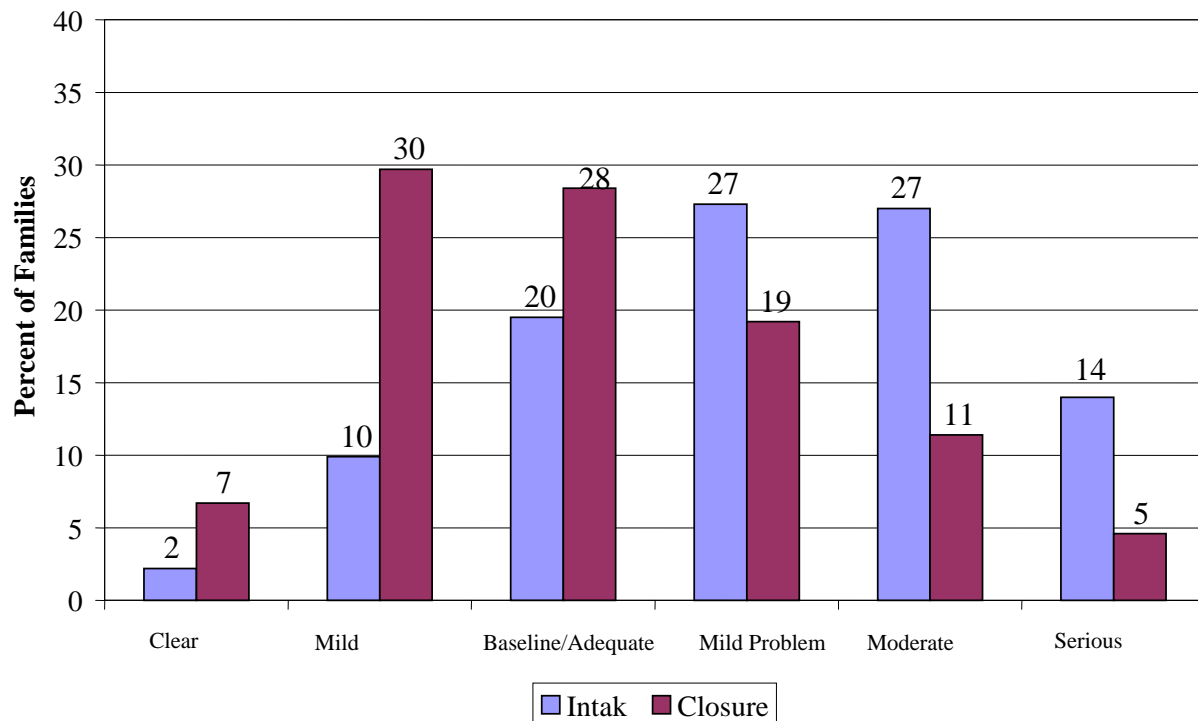
was substantial movement of the aggregate data towards the positive end of the scale: the proportion of families rated as having serious environmental problems was reduced from 11% to 4%, and those rated as having moderate problems were reduced from 17% to 9%.

**Figure 7. Environment Ratings at Intake and**

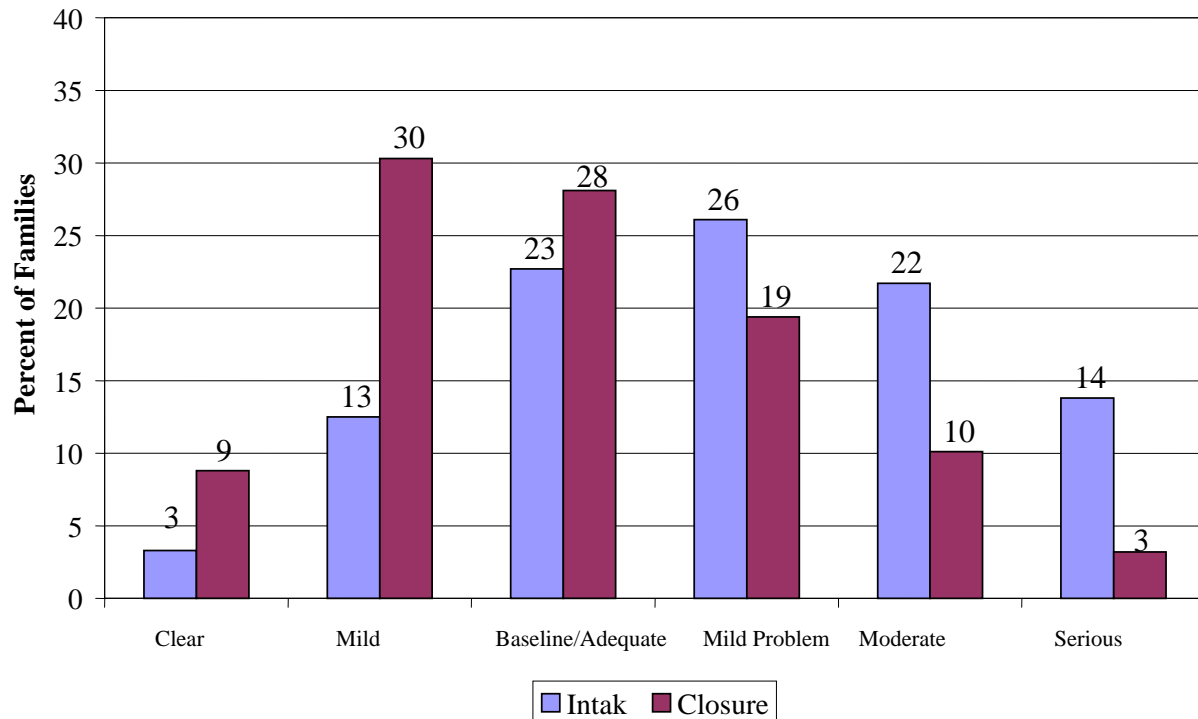


The Parental Capabilities domain on NCFAS V2. focuses specifically on parenting skills or circumstances that may affect a person’s ability to parent. This domain exhibits a pattern of marked change in families as a result of receiving IFPS services. These data are presented in Figure 8 (next page). At Intake, 68% of families are rated in the “problem” range, with two-fifths of families (41%) rated in the “Moderate to Serious” range. After services, three fifths (65%) are rated as “Baseline/Adequate or above.”

**Figure 8. Parental Capabilities Ratings at Intake and Closure**



**Figure 9. Family Interactions Ratings at Intake and Closure**

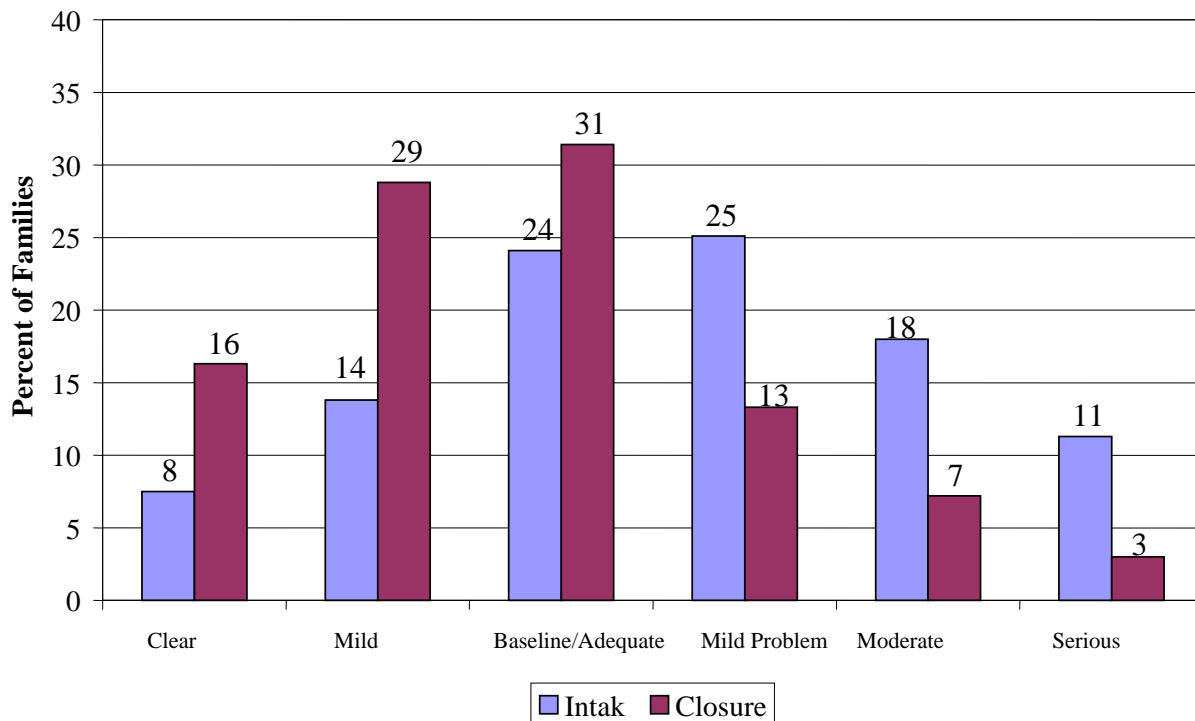




The Family Interactions domain is largely unchanged from the previous NCFAS version, and the domains' detection of change in this area remains strong. Fully 62% of families are rated in the “problem” range at intake on their interaction patterns and behavior, but only 32% are still rated in the “problem” range at closure. These data are presented in Figure 9 (previous page).

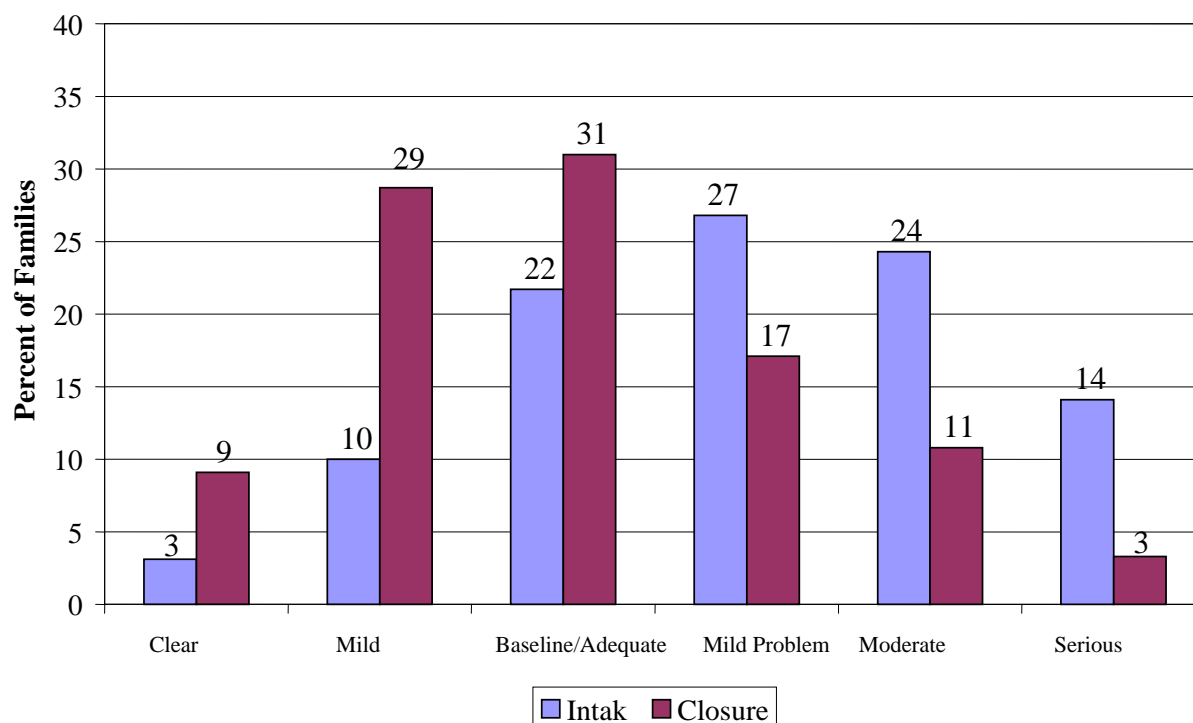
The domain of Family Safety is very important, as child safety is the chief concern in IFPS interventions, and is also paramount in making the “placement/no placement” recommendation at the end of service. The data gathered on the families served relating to this domain show shifts in Family Safety similar to shifts observed in Family Interactions and Parental Capabilities. These data are presented in Figure 10. More than half of families (54%) are rated in the “problem” range at intake; this proportion is reduced to a quarter (23%) at the time of case closure.

**Figure 10. Family Safety Ratings at Intake and Closure**



The final domain of assessment on the NCFAS is Child Well-Being. These data are presented in Figure 11. The assessed changes in Child Well-Being are large, and are consistent with previous assessment efforts on this domain. The large majority (65%) of families are rated as having problems in this area at the beginning of service. In fact, nearly two-fifths of families (38%) are rated as having a “Moderate to Serious” problem. This is not altogether surprising since Child Well-Being issues, along with Family Safety Issues are likely to be the issues that bring the family to the attention of the referring agency in the first place. However, at the close of services, nearly three-quarters (69%) of families are at “Baseline/Adequate or above,” and about one third (38%) are rated in the “strengths” range.

**Figure 11. Child Well-Being Ratings at Intake and**



Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree. Changes on environmental factors, while evident, are less dramatic. This is due, at least in part, to the lower level of need recorded on this domain. These findings, coupled with the low placement rates in the treatment population, contribute to the concurrent validity of the NCFAS V2.0.

The aggregate data presented in the preceding figures indicate the “population” shifts following receipt of IFPS services, but do not indicate the degree of change in individual families. To examine individual family change requires the analysis of the change scores derived on each domain for each family in the cohort. The specific changes that occurred on

each of the domains for the 3,063 families served during the last five years are presented in Table 11, below.

**Table 11. Level of Change Experienced by Families on Each Domain of the North Carolina Family Assessment Scale During IFPS**

Domain	Level of Change Per Family (Percent of Families) N=3,063				
	-1 or more	0 (no change)	+1	+2	+3 or more
Environment	3.6%	49.9%	30.0%	11.3%	5.2%
Parental Capabilities	3.0%	31.0%	41.3%	16.9%	7.9%
Family Interactions	3.0%	36.5%	37.7%	14.9%	7.8%
Family Safety	3.2%	39.4%	32.9%	15.4%	9.1%
Child Well-Being	2.7%	33.5%	37.3%	17.0%	9.5%

These same data are presented graphically in Figure 12 (next page). It can be seen in the graph that half of families (50%) do not change on the domain of Environment, but that approximately 1/2 to 2/3 of all families improve on the remaining domains: Parental Capabilities, Family Interactions, Family Safety and Child Well-Being. Most of the improvement recorded is incremental (+1 or +2 scale intervals), although 5%-10% of all families improved 3 or more scale intervals. Because the NCFAS employs a 6-point scale, ranging from “serious problem” to “clear strength”, a 3-point shift during a brief intervention is very large. Note also that a few families (3%-4%, depending on the domain) deteriorate during IFPS services. Deterioration on any domain significantly increases the likelihood of placement at the end of service.

**Figure 12. Level of Change Experienced by Families on NCFAS Domain Scores**

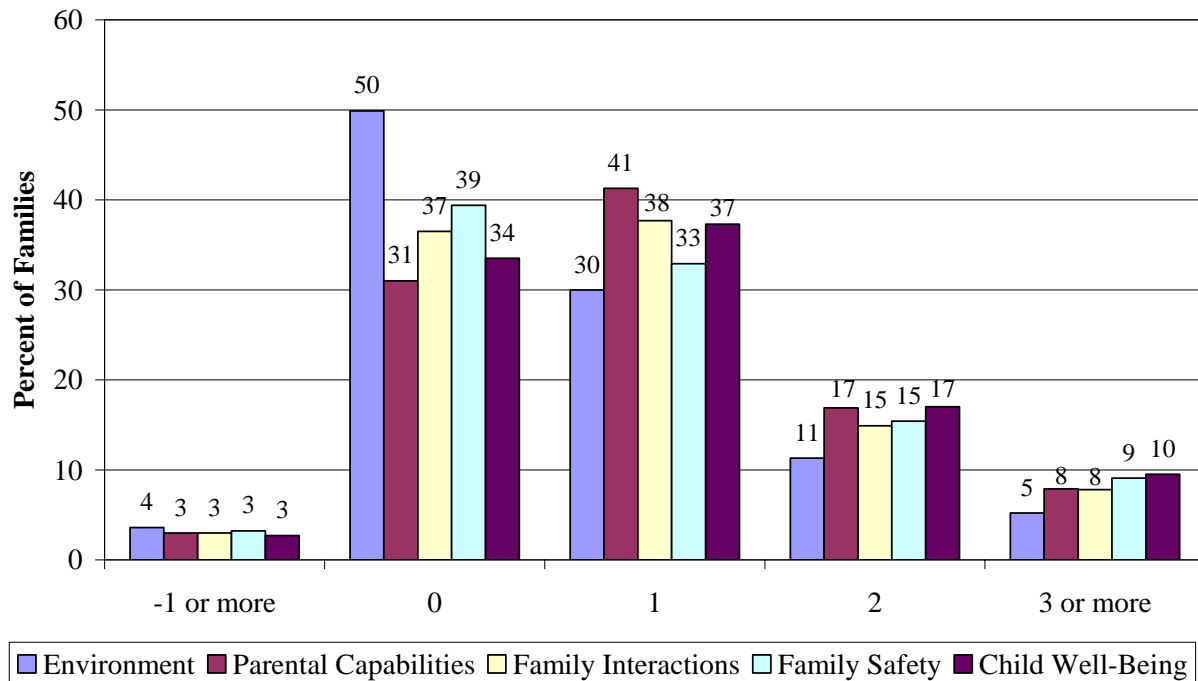
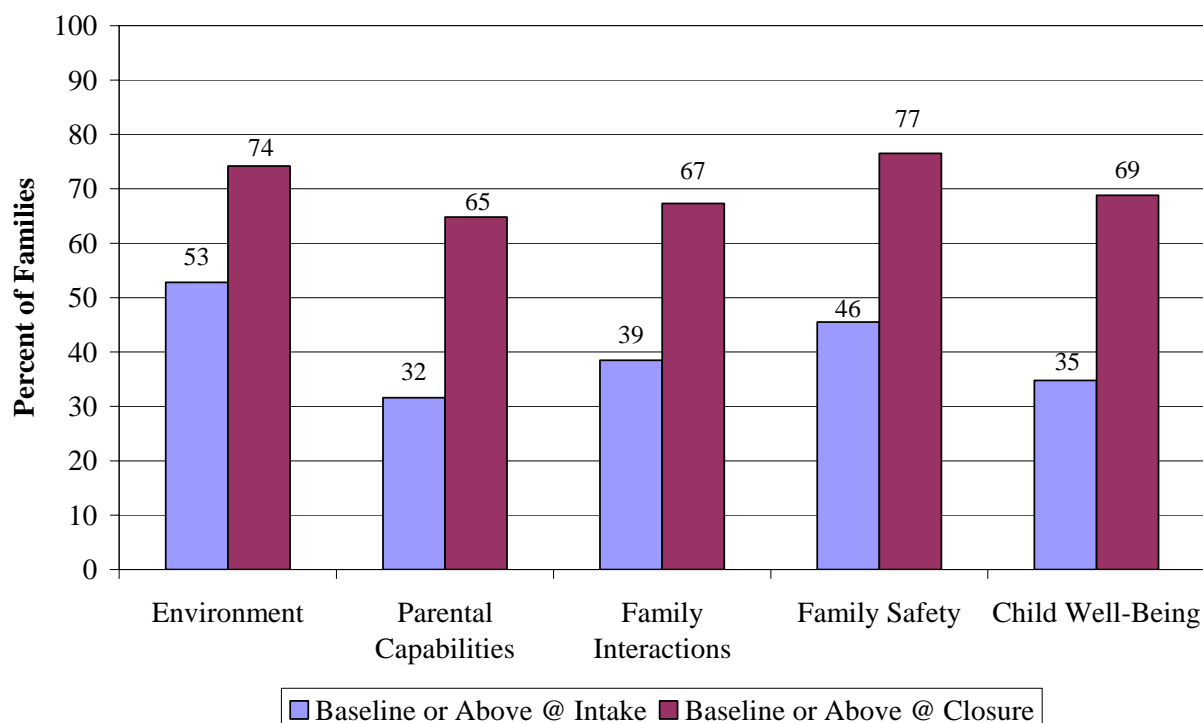


Figure 13 (next page) shows the percent of families rated at “Baseline/Adequate or above” at intake and closure. Each “intake/closure” comparison indicates substantial positive change in the population of families served, although approximately one quarter to one third of families remain below baseline (i.e., in the problem range of ratings) on one or more domain at the time of case closure.

Compelling changes in domain score ratings are noted on all five domains. While the movement that families experience on the NCFAS ratings during IFPS services is interesting in its own right, it is more meaningful when the changes in the scale scores are related to other treatment outcomes. Of particular interest is the relationship between NCFAS scores and placement prevention of imminent risk children.

**Figure 13. Overall Change on the NCFAS**



When the closure scores on the NCFAS are cross tabulated with placement *a positive, statistically significant relationship is observed between strengths and the absence of placement, and between problems and out-of-home placement* on all domains. On each of the domains, families in the “baseline/adequate to strengths” range at IFPS service closure are statistically over represented among families that remain intact. Similarly, at the end of service, families in the problem ranges at IFPS service closure are statistically over represented in families where an out-of-home placement of an imminent risk child occurred during or after IFPS service. The strength of these relationships is quite compelling. For the 3,063 families served during SFY 2001, 2002, 2003, 2004 and 2005, the results are:

- for Environment: Chi Square = 112.336, df = 5,  $p < .001$ ;
- for Parental Capabilities: Chi Square = 173.691, df = 5,  $p < .001$ ;
- for Family Interactions: Chi Square = 155.416, df = 5,  $p < .001$ ;

- for Family Safety: Chi Square = 222.434, df = 5,  $p < .001$ ; and
- for Child Well-Being: Chi Square = 184.846, df = 5,  $p < .001$ .

These results indicate that *IFPS interventions are capable of improving family functioning across all the measured domains, albeit incrementally, and these improvements in family functioning are statistically associated with placement prevention*. These are important findings to IFPS providers, administrators, policy executives and the legislature, not only in North Carolina, but also throughout the country. They are important because the “prevention” of these placements is linked to measurable changes in family skills, strengths, circumstances, support, interaction patterns and a variety of other factors that comprise “family functioning.”

It should be noted that these statistical relationships are obtained even though the number of children who are placed out of home at the end of IFPS service is very small, and placement decisions may be influenced by a variety of factors *outside the control of IFPS programs*. Both of these factors tend to mitigate the strength of the statistical relationships, yet they remain strong.

It is noteworthy that most families, regardless of their intake ratings across all five domains, improve only incrementally on two or three domains. Indeed, families may remain in the “problem” ranges on one or more domains, even after IFPS. It should not be surprising that families do not change on all domains, because families are not likely to have service plans that focus on all domains.

## **Retrospective Study of the Effectiveness of IFPS**

Session Law 1999-237 required the Department of Health and Human Services, Division of Social Services, to develop a revised evaluation model for current and expanded IFPS Programs. The evaluation was to be scientifically rigorous, including the use of treatment control groups, to include a review and description of interventions provided to families as compared to customary services provided to other child welfare families and children, and to collect data regarding the number and type of referrals made for other human services and the utilization of those services. In light of the session law, the Division deemed it appropriate to conduct a study.

The original retrospective study was funded during SFY 2000 and a comprehensive report was produced, titled: *A Retrospective Evaluation of North Carolina's Intensive Family Preservation Services Program* available at <http://ssw.unc.edu/jif/publications/reports.html>. A more advanced statistical treatment of that study has recently been published [see: Kirk, R.S. & Griffith, D.P. (2004). Intensive family preservation services: Demonstrating placement prevention using event history analysis. *Social Work Research*, 28(1), 5-15.] As noted previously in this report, SFY 2001 was marked by an expansion of IFPS programs as well as changes in the Policies and Procedures to ensure that IFPS services are delivered to the highest risk families. In light of the encouraging findings from the original retrospective study, the state also expanded its evaluation activities to include an on-going retrospective evaluation of North Carolina's families. SFY 2005 marks the fifth year of this on-going retrospective evaluation.

The research model continues to employ a retrospective examination of the population of families that did and did not receive IFPS. This approach continues to be preferable to other designs because it avoids the problems of using prospective, randomized assignment to



experimental and control groups; a problem experienced by other researchers that has likely contributed to their inability to detect the treatment effects of IFPS (Kirk & Griffith, 2004).

The retrospective design requires the merger of data from several statewide information systems for DSS referred families. These data sources include the IFPS-specific information residing in the IFPS MIS, the CPS risk assessment information residing in the North Carolina Central Registry database, and the child placement information residing in the Child Placement and Payment database. The study population in SFY 2005 includes all families receiving their first IFPS intervention between July 1, 1994 and December 31, 2003. The comparison population includes all other families in North Carolina *in counties offering IFPS services* with a child who experienced their first substantiated report after July 1, 1993 and before December 31, 2003. The comparison families had not received IFPS services. The end of the tracking period is limited to December 31, 2004 because this is latest date for which the necessary one-year placement data is available in the timeframe necessary to conduct this study. *Only families rated as “high” or “intensive” on the standardized CPS risk assessment are retained for the study.* The study sample includes 2,056 high-risk families that received IFPS, and the comparison group includes 28,004 high-risk families in IFPS counties that did not receive IFPS services.

For families receiving IFPS services, the substantiated report closest in time, and before referral to IFPS, is selected as the report linked to the family IFPS intervention. For comparison families with more than one substantiated report in the study period, the substantiated report linked to the family is selected randomly in proportion to the substantiated report number that is linked to the IFPS intervention for IFPS families. The outcome measure of interest, “time to placement”, is computed from the date of referral to IFPS for IFPS families, and from the date the substantiated report was made for the comparison families. Further, any variable presented

based on the “prior” occurrence of an event is calculated from the same reference date as “time to placement”.

Generally speaking, the retrospective study and the on-going retrospective evaluation conducted in previous years revealed that IFPS outperformed traditional child welfare services when the comparison groups included the high-risk families that IFPS is intended to impact. In fact, the more risk factors present in any comparison (e.g., high-risk families that had experienced previous out-of-home placements and also had two or more prior substantiated reports) the more effective was IFPS when compared to traditional services. In each case when risk factors were controlled, IFPS resulted in lower initial placement rates and delayed placement patterns following service completion. Conversely, when risk factors were not controlled during the analyses, IFPS did not always outperform traditional services. The placement rates and patterns evident in the survival curves used to analyze the data suggest that secondary interventions or additional services should be offered in the first 6 months post-IFPS in those cases that concluded without a placement being made. The results of the study strongly supported the continued use and expansion of IFPS with respect to high-risk families.

The data suggest that disproportionately more serious types of families are being referred for IFPS services. Specifically, IFPS families are twice as likely to have experienced one or more prior substantiated reports (42.0% to 20.9%, chi-square = 493.343, df = 1,  $p < .001$ ), and IFPS families are almost two and a half times more likely to have experienced one or more prior high risk substantiated reports (17.6% to 7.5%, chi-square = 258.303, df = 1,  $p < .001$ ). Further, IFPS families are three times more likely to have experienced one or more prior spells under placement authority (6.2% to 2.1%, chi-square = 137.134, df = 1,  $p < .001$ ). The fact that IFPS providers serve the highest risk cases in counties that offer the service makes it that much more

compelling that positive treatment outcomes are observed for IFPS families. The analyses that follow will demonstrate the positive treatment effects of IFPS as well as demonstrate that when risk factors are controlled for, the IFPS treatment effect becomes even more dramatic.

Event history analysis, or survival analysis, is employed to assess differences in placement patterns for families in this study. This analytic technique is desirable because it is able to account for the dynamic nature of time. Rather than calculating the difference in placement rates at the end of a one-year follow-up period, survival analysis computes the relative risk of placement over time. This technique allows for changes in the rate of placement to be observed over time. The following series of survival curves display the positive treatment effect of IFPS on both the prevention and the delaying of placements following cases of substantiated maltreatment.

Figures 14 through 20 display curves depicting the probability of placement (determined by performing the computation ‘1 – survival rate’). Each figure displays the proportion of children being placed out-of home within one year from the date the family was referred to IFPS for families receiving IFPS, or within one year from the date of the substantiated report for families in the comparison group. The *higher* the curve goes during the measurement period, the *worse* the placement outcomes for the population represented in the curve. Thus, “up” is undesirable.

Figure 14, next page, shows that the families receiving IFPS have significantly lower placement rates than non-IFPS families, and that these reduced placement rates hold through 365 days (Wilcoxon = 14.173, df = 1,  $p < .001$ ). This figure displays the dramatic reduction in placement rates for families receiving IFPS for the first 6 months. Although the placement rates between the two groups becomes more similar approaching the one year mark, only 22.9% of

IFPS families experience a placement by one year, compared to 24.9% of non-IFPS families. In the original retrospective study and the on-going retrospective evaluation in SFY 2001, the placement rates for IFPS and non-IFPS families were the same at one year. In SFY 2002 there was a 1.6% difference in the placement rates for these two groups. In 2003 it increased to 2.4%. This year the difference is 2.0%. This figure demonstrates the ongoing effectiveness of IFPS at reducing or delaying the out-of-home placement of an imminent risk child within a small range of annual fluctuations.

**Figure 14. Risk of Placement After CPS Report/Referral to IFPS**

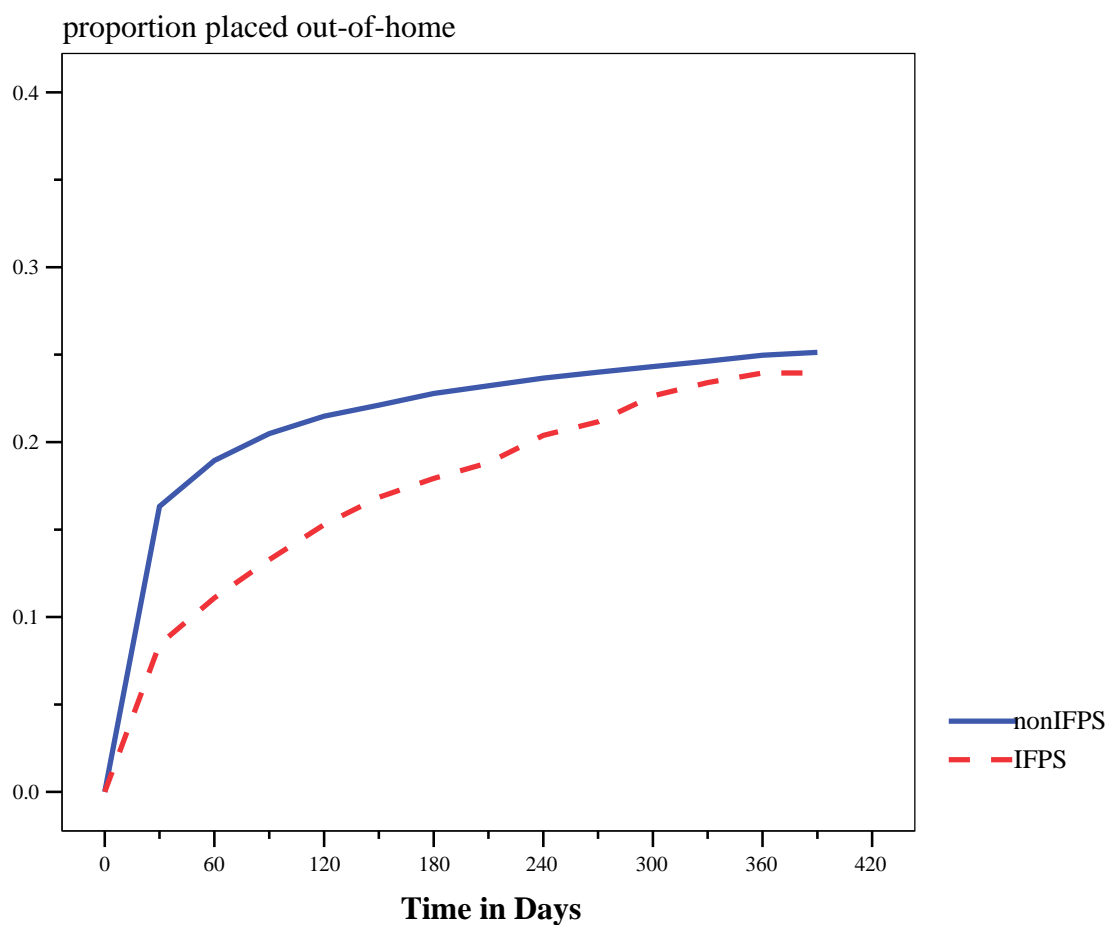


Figure 15 displays the survival curves for IFPS and non-IFPS families that have had one or more prior spells under placement authority. When prior placement authority is controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=17.952, df=1,  $p<.001$ ). At 365 days, only 22.8% of IFPS families have experienced a placement compared to 40.4% of non-IFPS families.

**Figure 15. Risk of Placement After CPS Report/Referral to IFPS for Children with 1+ Prior Spells Under Placement Authority**

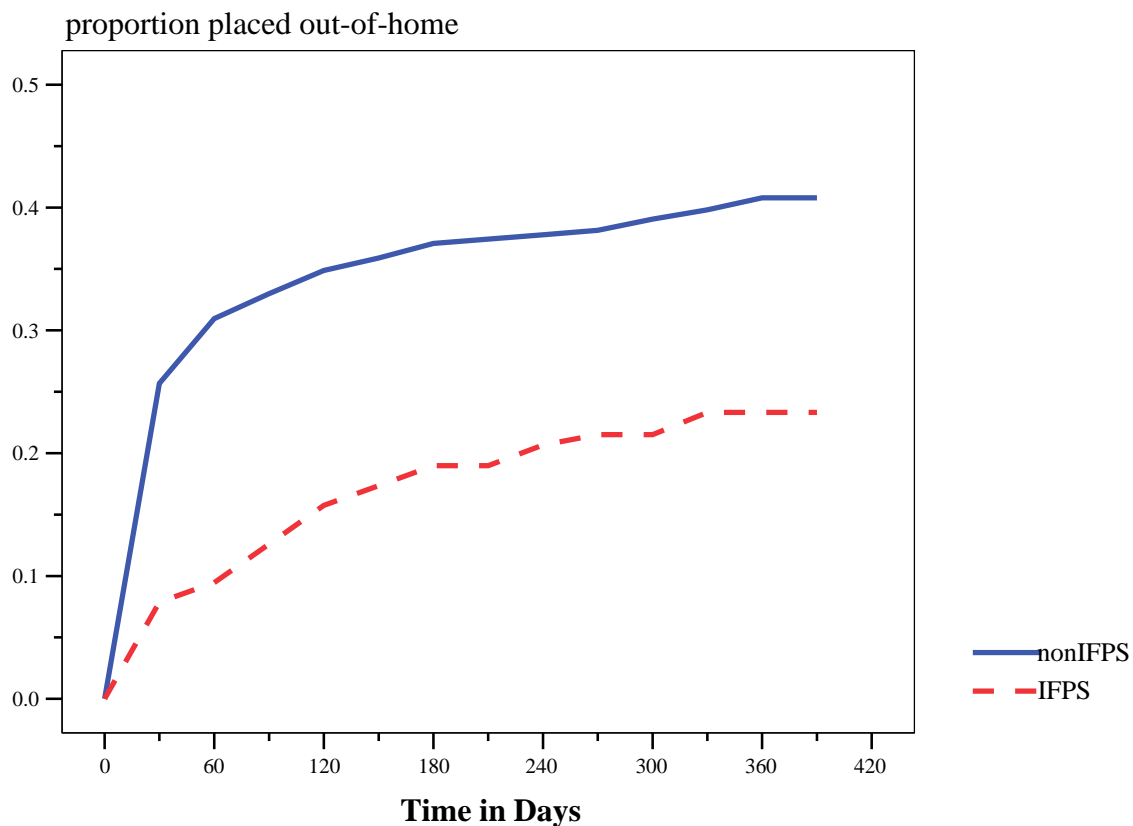


Figure 16 displays the survival curves for IFPS and non-IFPS families that have had one or more prior substantiated reports. When prior substantiated reports are controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=32.091, df = 1,  $p<.001$ ). At 365 days, only 23.4% of IFPS families have

experienced a placement compared to 31.5% of non-IFPS families. It can be seen from the curve that the observed treatment effect of IFPS is greatest until about 180 days, at which time it essentially parallels traditional child welfare service programs but maintaining an 8% lower placement rate throughout the remainder of the 365 day measurement period.

**Figure 16. Risk of Placement After CPS Report/Referral to IFPS for Children with 1+ Prior Substantiations of Abuse/Neglect**

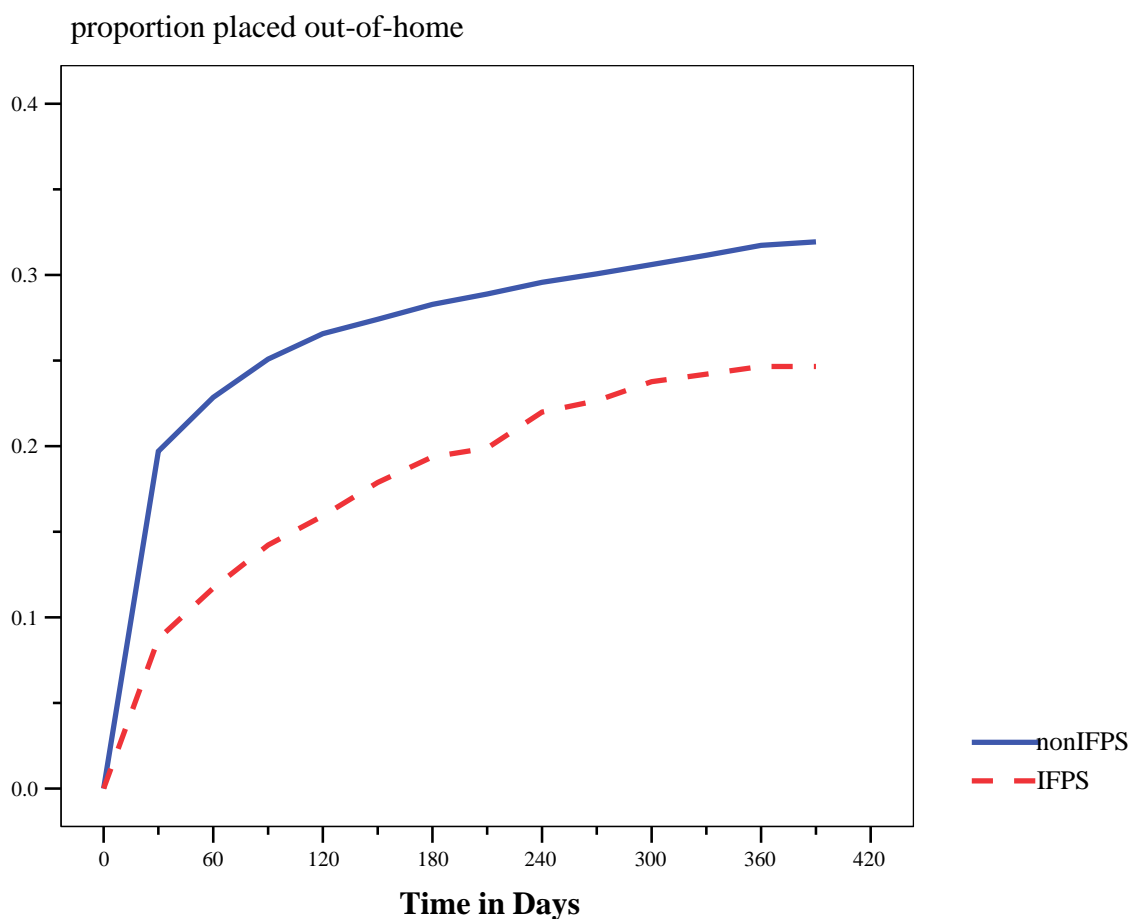
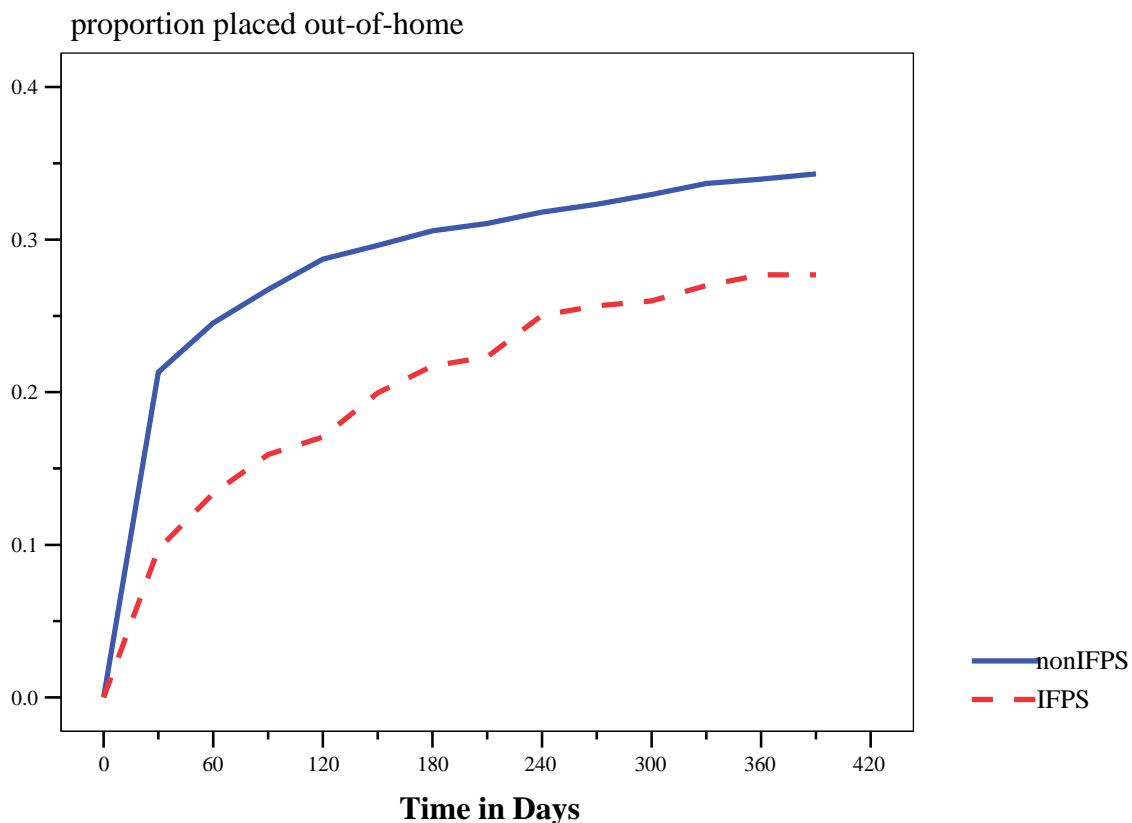


Figure 17 displays the survival curves for IFPS and non-IFPS families that have had one or more prior high-risk substantiated reports. When prior high-risk substantiated reports is controlled in the analysis, IFPS statistically significantly reduces the rate at which children enter out-of-home placements (Wilcoxon=13.294, df=1,  $p<.001$ ). At 365 days, only 26.5% of IFPS

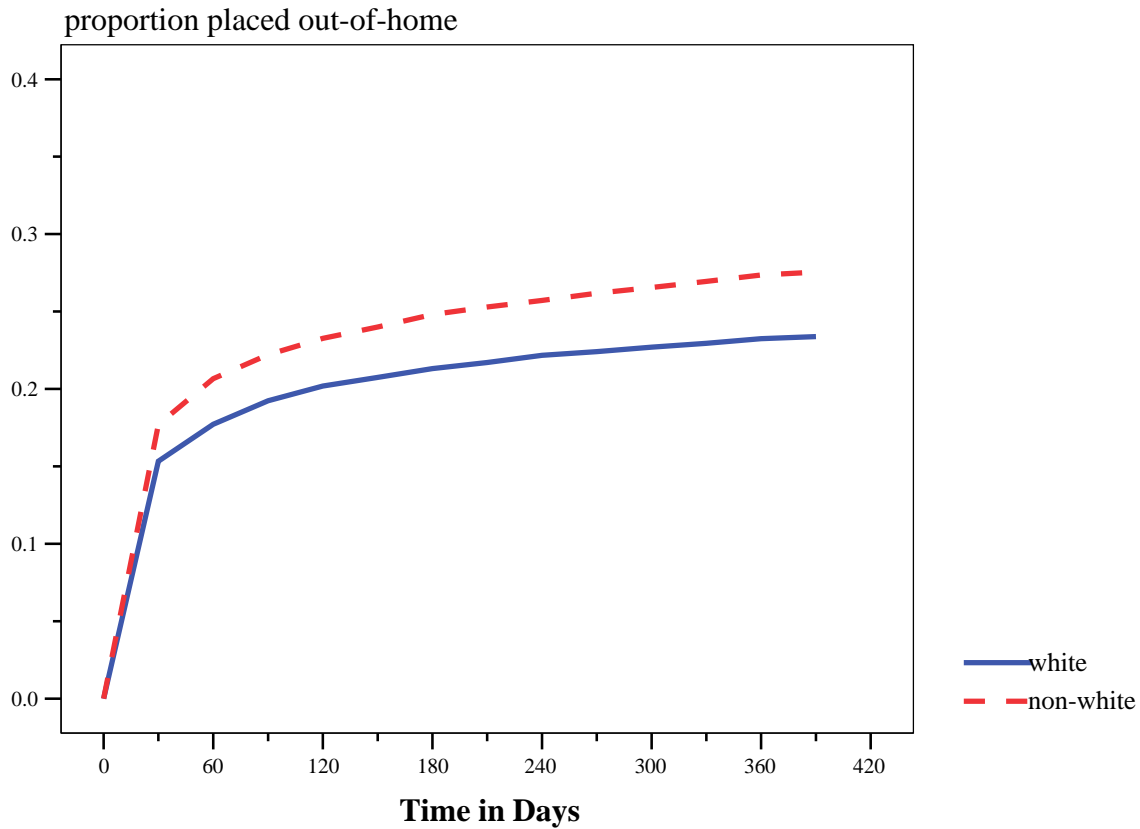
families have experienced a placement compared to 33.9% of non-IFPS families. This picture displays a very similar pattern to that in Figure 16 in that the observed treatment effect of IFPS is greatest until about 180 days. After this point, the curves are essentially parallel, with IFPS outperforming non-IFPS services by about 7%.

**Figure 17. Risk of Placement After CPS Report/Referral to IFPS for Children with 1+ Prior High Risk Substantions of Abuse/Neglect**



These curves demonstrate that when the risk factors are accounted for in both the treatment and comparison groups, IFPS statistically significantly outperforms traditional child welfare services in every case by reducing the number of placements and/or delaying placements at 365 days. Further, these treatment effects are even larger at 180 days.

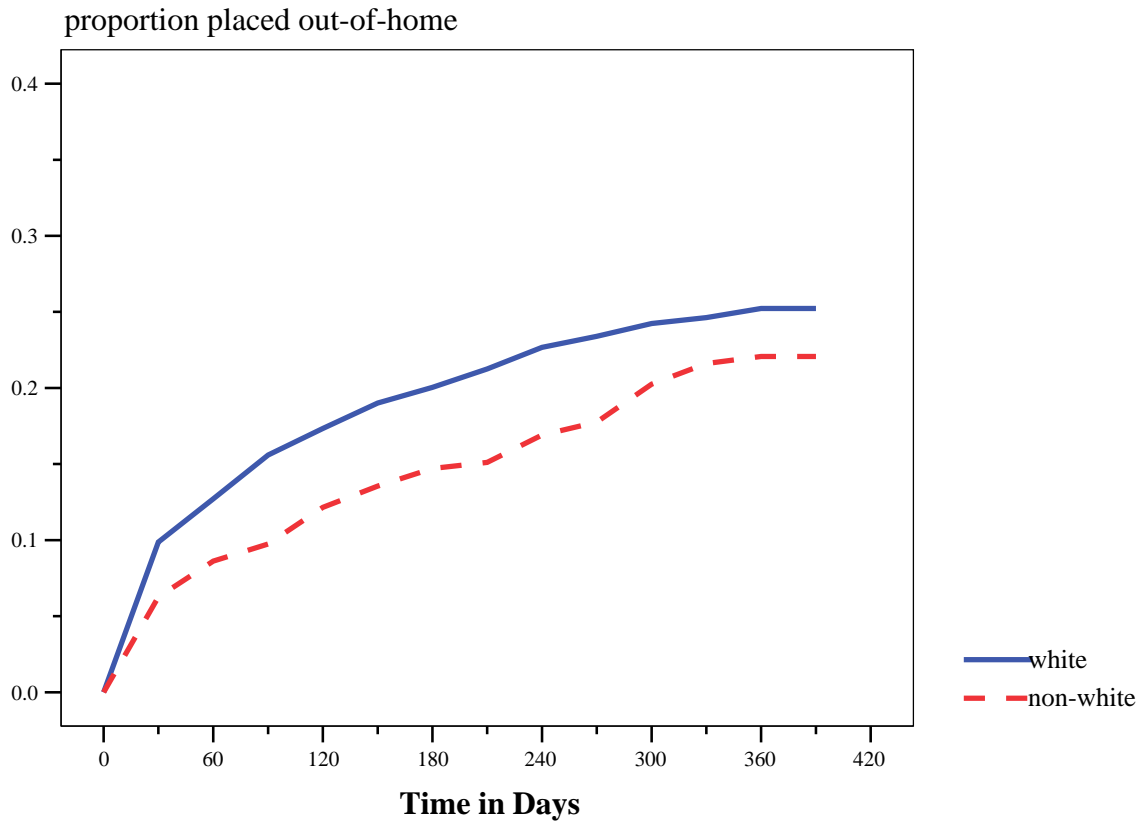
**Figure 18. Risk of Placement After CPS Report/Referral to IFPS for Children Receiving Traditional CW Services by Race**



Figures 18 thru 20 present a special survival analysis aimed at examining the effectiveness of IFPS at mitigating racial differences in the placement patterns of high-risk children. Figure 18 shows that among families receiving traditional child welfare services, non-white children have a higher risk of placement than white children (27.2% to 23.1% at 365 days). This difference is statistically significant (Wilcoxon=52.182,  $df = 1$ ,  $p < .001$ ). Figure 19, however, displays a very different racial picture for families receiving IFPS services. Non-white children who receive IFPS services appear to be less likely to be placed than white children who receive IFPS services (20.6% to 24.3% at 365 days).

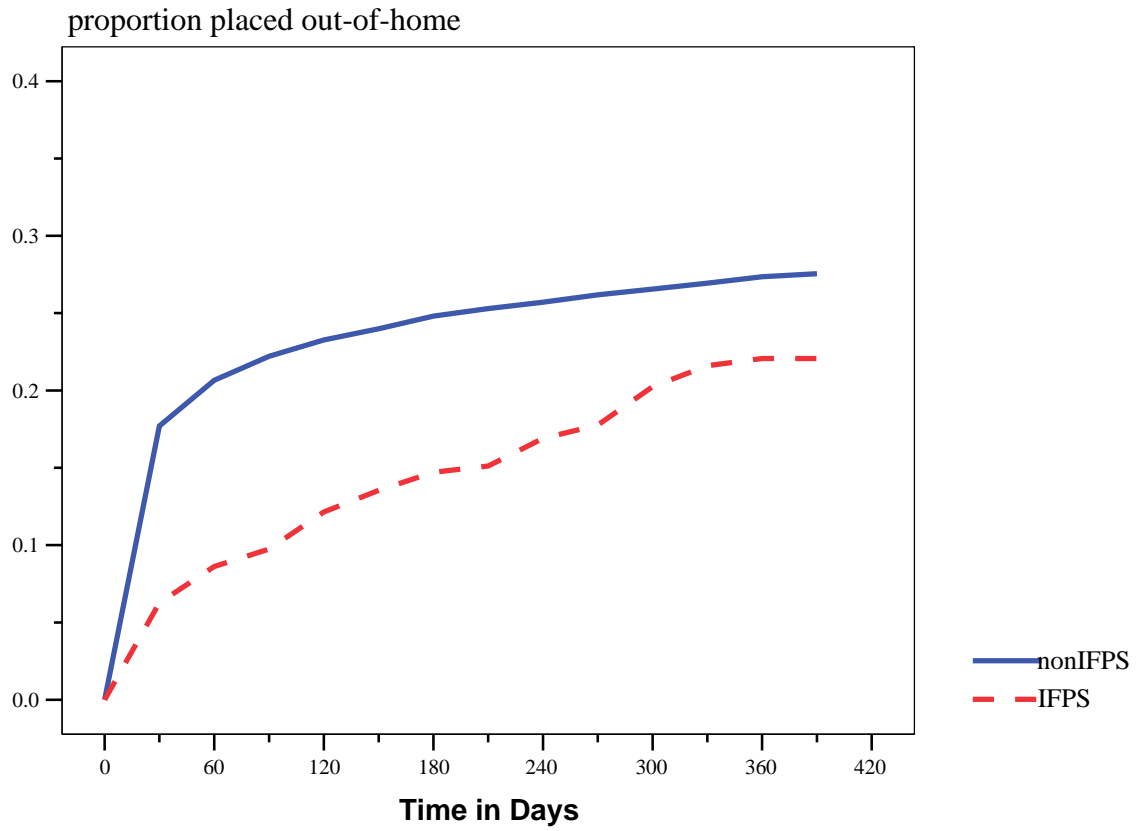


**Figure 19. Risk of Placement After CPS Report/Referral to IFPS for Children Receiving IFPS Services by Race**



This difference is statistically significant (Wilcoxon=6.430,  $df = 1$ ,  $p < .05$ ), the results indicating that IFPS may be instrumental in mitigating the racial disparity that exists in the rest of the child welfare population that received traditional services. The difference between the placement rates of non-white children who receive and do not receive IFPS is statistically significant (Wilcoxon=29.970,  $df = 1$ ,  $p < .001$ ). This difference can be seen in Figure 20, which illustrates that throughout the first year after service the placement rate for non-white children receiving IFPS is 7% to 12% lower than the non-white children who receive traditional child welfare services.

**Figure 20. Risk of Placement After CPS Report/Referral to IFPS for Non-White Children**



## **IFPS Follow-Up Services**

The placement rates and patterns evident in the survival curves used to analyze the data suggest that secondary interventions or additional services should be offered in the first 6 months post-IFPS in those cases that concluded without a placement being made. The results of the study strongly supported the continued use and expansion of IFPS with respect to high-risk families.

Beginning in SFY 2004, all IFPS programs are required to track families for 6 months after receiving IFPS services. Workers are instructed to contact families on a monthly basis, and to conduct a more comprehensive assessment of families during the 3<sup>rd</sup> month and 6<sup>th</sup> month contacts. The purpose of the follow-up contacts is to make sure that families are receiving the services that they were supposed to receive after IFPS, and to see if additional in-home services are needed.

The monthly follow-up contacts may be made by phone or by visiting and having a face-to-face contact with the family. These contacts may be at the worker's initiation, or at the family's initiation. Contact by either mechanism may trigger another episode of IFPS services, if warranted. IFPS workers can re-open services to the family for a maximum of two weeks and a maximum of two times during the 6 month follow-up period. Workers are expected to document the nature of the contact, the services provided, and are also instructed to complete a modified NCFAS assessment during months 3 and 6.

The data in this section are presented for the families upon whom data were reported during SFY 2004 and SFY 2005. A total of 621 families are in the database for monthly follow-up contacts, which represents 57% of the families that received IFPS services during the last two years. There is a total of 361 families in the database for which a comprehensive assessment was

completed at 3 months post closure, and 204 families in the database for which a comprehensive assessment was completed at 6 months post closure. However, some data are missing due to workers' implementation difficulties during SFY 2004. Some of the data relating to the monthly tracking of families is only available for families receiving follow-up during SFY 2005 due to changes made in the reporting format. These instances are footnoted in the tables in this section. Further, the number of families contacted during each succeeding month of follow-up decreases as families' time-after-services accrues. In subsequent years, these numbers will increase substantially. However, the number of families included in the follow-up contact and tracking database will never approach 100% of families because families have the option of declining to be contacted again in the future, and some move from the jurisdiction and cannot be located.

### ***Monthly Client Contacts***

Data presented in tables 12, 13, and 14 detail the monthly contacts workers made in the six months immediately following case closure. Table 12 (next page) presents the average hours spent in making client contacts per month and the average number number of contacts initiated by the worker and the family. These data suggest that during the first months after IFPS, families are nearly as likely to contact workers as workers are to contact families (1.73 average family initiated contacts during month 1, versus 1.80 worker initiated contacts during the same month). During later months of follow-up, workers are more likely to be the one to initiate a family contact. Workers average more time engaged in face-to-face contact with families than in phone contact with families. During the 6 months of follow-up, the amount of time workers spend engaged in either type of family contact drops by about 30% from the first month to the sixth month. A similar trend can be seen with data presented for the average number of contacts initiated during follow-up. Although the numbers are too small to suggest strong trends, it is

interesting to note that half of the cases that re-opened did so in the first two months, and the largest number (11) occurred in the first month following IFPS.

**Table 12: Client Contacts for the 6 Months Following Case Closure**

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Number of Families Contacted	621	475	400	319	274	226
Average Hours of Phone Contacts <sup>1</sup>	1.33	1.20	1.33	.94	.89	.93
Average Hours of In-Person Contacts <sup>1</sup>	1.90	1.51	1.72	1.48	1.07	1.31
Average # Worker Initiated Contacts	1.80	1.55	1.52	1.48	1.38	1.40
Average # Family Initiated Contacts	1.73	1.54	1.69	1.29	1.08	1.02
Number of Case Re-Openings	11	7	5	7	4	2

<sup>1</sup>This data was captured in total number per month during SFY 2004 reporting and conversion from the old data format to the current data format was not possible. Therefore, these averages are based only on data provided during SFY 2005 in the current data reporting format.

Examination of the retrospective survival curves (presented in the previous section of this report) indicates that the largest number of placements following IFPS occurs during the first 30 days following service (~ 8% of placements). The next 10% of placements occurs during months 2-6, and the remaining 5% of placements that occur do so between 6 and 12 months following IFPS. The distribution of contact hours across the 6 months of client follow-up appears to correlate with these placement patterns. The largest single number of contact hours occurs in the first month following IFPS (3.23 hours of phone and in-person contacts). Again, the total number of families in the database is too small (particularly during the latter months of the 6-month tracking period) to draw firm conclusions about these trends. Still, the similarity of placement rates and hours committed to contact, each on its relative scale, is interesting. Future analyses will examine the stability of these apparent trends. If they hold up over time, they may suggest additional policy responses to the post IFPS attrition and placement.

Table 13, below, presents data on the types of services employed during the monthly contacts with families over the 6-month post-IFPS time period. The majority of families (between 54% and 62%) receive assessment services throughout the 6 month period. One-fifth to one-quarter of families receive counseling and advocacy services during this same period, and approximately two-fifths of families receive case management services during each month of follow-up.

**Table 13: Services Employed with the Family for the 6 Months Following Case Closure**

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Number of Families Contacted	621	475	400	319	274	226
Number (Percent) of Families Provided <sup>1</sup> ...						
Assessment Services	353 (56.8)	258 (54.3)	247 (61.8)	170 (53.3)	162 (59.1)	141 (62.4)
Counseling Services	148 (23.8)	102 (21.5)	92 (23.0)	66 (20.7)	68 (24.8)	55 (24.3)
Advocacy Services	146 (23.5)	90 (18.9)	86 (21.5)	51 (16.0)	45 (16.4)	45 (19.9)
Case Management Services	267 (43.0)	197 (41.5)	158 (39.5)	135 (42.3)	117 (42.7)	88 (38.9)
Referral to Other Services	57 (9.2)	17 (3.6)	17 (4.3)	10 (3.1)	6 (2.2)	14 (6.2)
Other Family Related Activities	251 (40.4)	182 (38.3)	128 (32.0)	115 (36.1)	79 (28.8)	55 (24.3)
Average Hours of Other Case Related Activities Families were Provided <sup>2</sup> ...						
Family Related Travel	1.16	1.07	1.11	1.11	.69	.82
Attempts to Locate Family	.89	.94	1.03	1.14	1.00	.89
Collateral Contacts	1.32	1.00	.82	.83	.83	.98

<sup>1</sup>This data was captured in total hours per month during SFY 2004 reporting. Data were converted to the current reporting format of "yes" or "no". Also, the previous reporting format did not include the categories of "Counseling" and "Referral to Other Services". Therefore, the counts for these two categories underrepresent the total amount of these services actually provided.

<sup>2</sup>This data is new to the current reporting format implemented during SFY 2005.

The pattern for providing assessment, counseling, advocacy, and case management services appears to be steady over the 6-month period. However, there is a decreasing pattern of providing other family related activities to families over the 6-month period. Families are more

likely to receive these other services during the first month after IFPS closure than during the sixth month following closure (40% compared to 24%). Further, a similar (decreasing) amount of average total hours providing other case related activities over the 6-month period can be observed. Workers average the greatest amount of time (3.37 hours) in other case related activities during the first month after closure. These patterns reflect similar trends as those observed in Table 12.

Table 14 (next page) details the number and proportion of families that are dropping out of follow-up, and the reasons that they will no longer be tracked. The largest number of families dropping from the follow-up tracking cohort during the first two months do so because their families experience the placement of a child. During months 3, 4, and 5, the largest number of families dropping from the follow-up tracking cohort do so because the families could not be located by the worker. These trends are not surprising because previous sections of this report have demonstrated that child placements are more likely to occur in the first couple of months post IFPS. Also, it is reasonable to expect that families would become more difficult to locate over time. Families refusing additional contact or participation accounts for the next largest proportion of families dropping from the follow-up tracking cohort.

Future analyses should track the placements of children from these different categories of families to see if those who refuse treatment do so because they are functioning well, and no longer want or need services, or perhaps are not functioning well and are shunning additional services. Also, as the total number of cases in the database grows, analyses will examine case re-openings as a function of placement and NCFAS closure ratings (and intake/closure difference scores).

**Table 14: Families that will No Longer be Contacted for the 6 Months Following Case Closure**

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Number of Families Contacted	621	475	400	319	274	226
Number (Percent) of families that will no longer be contacted	122 (19.6)	50 (10.5)	49 (12.3)	26 (8.2)	18 (6.6)	213 (94.2)
Reason family will no longer be contacted Number (Percent)						
Could not locate family	11 (9.1)	10 (20.8)	18 (37.5)	7 (29.2)	6 (33.3)	6 (2.8)
Family refuses contacts/participation	31 (25.6)	8 (16.7)	9 (18.8)	6 (25.0)	0 (0.0)	2 (0.9)
Child placement/family not intact	50 (41.3)	17 (35.4)	10 (20.8)	6 (25.0)	3 (16.7)	1 (0.5)
New 6-week intervention started	0 (0.0)	2 (4.2)	0 (0.0)	0 (0.0)	1 (5.6)	3 (1.4)
End of 6-month tracking period	1 (0.8)	3 (6.3)	1 (2.1)	0 (0.0)	3 (16.7)	201 (93.5)
Family moved	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Case closure not conducive to follow-up	3 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Other	25 (20.7)	8 (16.7)	10 (20.8)	5 (20.8)	5 (27.8)	2 (0.9)

### ***Family Updates at 3 and 6 Months After IFPS Case Closure***

The provision of follow-up services to families after IFPS includes a comprehensive assessment of families during the 3<sup>rd</sup> month and 6<sup>th</sup> month contacts. The purpose of the follow-up contacts is to make sure that families are receiving the services that they were supposed to receive after IFPS, and to see if additional in-home services are needed. This assessment also includes information about child living arrangements during the preceding 3 months, and a modified NCFAS assessment to assess current family functioning. These data are presented in the next 3 subsections.

It should be noted that the data presented in the next 3 subsections might mislead firm conclusions. Follow-up data have been collected at 3 months for 361 families (33%) and at 6 months for 204 families (19%) of the 1,085 families served during SFY 2004 and SFY 2005.



Potential bias in this sample of families can be seen in the data presented in Table 15.

Specifically, the retrospective placement curves suggest that more placements are happening during each three-month period of time than are accounted for in Table 15. Therefore, reliability of these data is suspect, as are the data presented in Table 16 and Figure 21. It is possible that this sample is biased towards those families that are functioning the best, that are the easiest to locate, and are the most agreeable to continued participation in the IFPS program. Also, some of the difference may be accounted for by the fact that the data in Table 15 are child-level data, whereas the data in the retrospective placement curves are family-level data (when placement occurs, it may affect one or more child per family).

### **Child Living Arrangements**

Table 15 (next page) presents the data collected at 3 months and 6 months after IFPS for child living arrangements. Incomplete, and potentially bias data notwithstanding, there is one apparent trend that bears scrutiny. It appears that among the children that are placed out of home during the 6 months after otherwise successful closure of IFPS, the large majority of early placements are social service placements. Other placement types account for the second largest type of placement experienced in the 6 months after IFPS. Mental health and juvenile justice placements account for most of the remaining placements. These placement trends should be examined in the future, when more reliable data are available, and available in large numbers.

**Table 15: Child Living Arrangements at 3 Months and 6 Months**

	<b>3 Months (N=885)</b>		<b>6 Months (N=482)</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Current Living Arrangement				
Home	788	91.3%	425	91.2%
Relatives	41	4.8%	26	5.6%
Family Friend	1	0.1%	2	0.4%
Social Services	13	1.5%	5	1.1%
Mental Health	5	0.6%	1	0.2%
Substance Abuse Services	0	0.0%	0	0.0%
Juvenile Justice	4	0.5%	1	0.2%
Developmental Disabilities	0	0.0%	0	0.0%
Private Placement	2	0.2%	1	0.2%
Other	9	1.0%	5	1.1%
Children who lived out-of-home during last 3 months	57	6.6%	29	6.2%
Where did child live out during last 3 months				
Social Services	9	15.8%	8	27.6%
Mental Health	8	14.0%	3	10.3%
Substance Abuse Services	0	0.0%	0	0.0%
Juvenile Justice	6	10.5%	4	13.8%
Developmental Disabilities	0	0.0%	0	0.0%
Private Placement	3	5.3%	1	3.4%
Other Placement	21	36.8%	12	41.4%

### **Additional Services Families Received**

Table 16 presents information on the services received by families during the months following IFPS. Recalling that 80% - 90% of all families receiving IFPS services are formally referred to other services at the end of the IFPS service period, it is somewhat discouraging to note that slightly less than three-fifths of families (56.1%) are actually receiving those post-IFPS services during the first 3 months post IFPS. However, 17% of families were receiving services from sources not specifically identified by their IFPS workers at the end of the IFPS service period, and 14% at 3 months post IFPS were referred to new agencies or service sources by their IFPS workers during the monthly follow-up contacts.

**Table 16: Additional Services Families Received**

	<b>3 Months (N=361)</b>		<b>6 Months (N=204)</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Families receiving services during last 3 months from agencies referred to at the end of IFPS	199	56.1%	87	43.7%
Families receiving services during last 3 months from other agencies or programs that they were not specifically referred to at the end of IFPS	61	17.3%	35	17.6%
Families referred by the caseworker during the last 3 months to new agencies or programs for needs raised during monthly client follow-up contacts	50	14.1%	22	11.2%
Families considered to be in need of IFPS	30	8.4%	16	8.0%
Families in need of IFPS that will receive IFPS	8	26.7%	3	18.8%
Reason why families in need will not receive IFPS				
Caseloads full	3	16.7%	0	0.0%
Family refused further intensive services	6	33.3%	6	46.2%
Risk to children too high	1	5.6%	2	15.4%
Family moved/left jurisdiction	3	16.7%	1	7.7%
Family already had 2 case re-openings	1	5.6%	0	0.0%
Other reason	4	22.2%	4	30.8%

Furthermore, it is also noteworthy that only 27% of families at 3 months post IFPS and 19% of families at 6 months post IFPS that are considered to be in need of IFPS services again will receive those services. The largest reason for these services not being delivered is due to family refusal of further intensive services. Future analyses will relate the placements of children to the receipt of follow-up services (both referred and non-referred) and also to NCFAS scores generated from family assessments conducted during months 3 and 6 of the follow-up period.

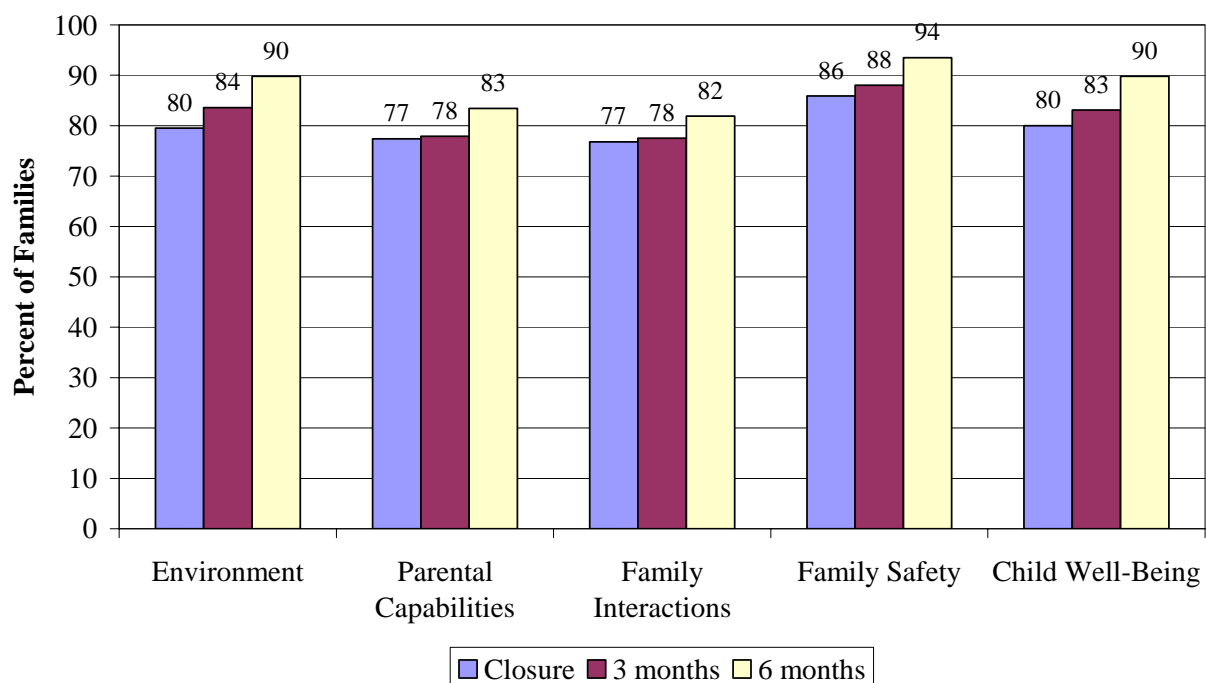
### **Family Functioning After Case Closure**

The NCFAS examines five broad areas of interest and a number of more specific sub-areas. The broad areas, referred to as domains, include: Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. IFPS workers used an abbreviated NCFAS (domain ratings only) to rate family functioning at 3 months and 6 months post case

closure. The data of interest for this presentation include the ratings at case closure, 3 months post closure, and 6 months post closure. This strategy will demonstrate if a meaningful change in the status of families, or of the trajectory of families (i.e., deterioration to improvement), has occurred since the case closed.

Figure 21 presents the proportion of families at or above Baseline/Adequate, over the three rating periods. Each comparison indicates continued positive change in the population of families served. Taken as a whole, the ratings on the NCFAS domains reflect the capacity of the IFPS programs to influence and sustain changes in parental skills, safety, interaction patterns and behavior, and child well-being to a substantial degree.

**Figure 21. Families Rated at Baseline or Above on the NCFAS at Closure (N=381), 3 Months (N=361) and 6 Months (N=204)**



### **Cost-Effectiveness, Cost/Benefit Analysis**

The following analysis is based upon true costs of operating the IFPS program during SFY 2005 and estimated placement costs provided by the Division of Social Services, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and the Department of Juvenile Justice and Delinquency Prevention.

During SFY 2005 there were 982 children identified as being at imminent risk of placement into DSS foster care, MH/DD/SAS facilities, or Juvenile Justice facilities. Table 17 presents a breakdown of the number of children at risk of placement, and the number of children actually placed in care or not living at home.

**Table 17. Children At Risk of Out-Of-Home Placement at Intake.**

<b>Potential Placement Type</b>	<b>Number of Children At Risk of Out-Of-Home Placement</b>	<b>Number of Children Placed or Not Living At Home</b>
DSS Foster Care	876	31
Juvenile Justice	57	1
Mental Health	42	4
Private Placement	7	2
Other	NA	4
<b>Totals</b>	<b>982</b>	<b>42</b>

For purposes of the analysis, MH/DD/SAS and Private Placements (which are almost always psychiatric placements) are combined to determine the potential costs and cost savings of the IFPS program. Table 18 presents those estimated potential costs and estimated actual costs of placements.

**Table 18. Estimated Potential and Estimated Actual Costs of Placements for SFY 2005**

Estimated Potential Placement Costs				Estimated Actual Placement Costs		
Placement Type	# of Children At Risk	Average Placement Costs <sup>4</sup>	Total	# of Children Placed	Average Placement Costs <sup>4</sup>	Total
DSS FC <sup>1</sup>	876	\$17,946	\$15,720,696	31	\$17,946	\$556,326
MH/DD/SAS <sup>2</sup>	49	37,542	1,839,558	6	37,542	225,252
Juvenile Justice <sup>3</sup>	57	79,340	4,522,380	1	79,340	79,340
<b>Column Total</b>	<b>982</b>		<b>\$22,082,634</b>	<b>38</b>		<b>\$860,918</b>

<sup>1</sup> DSS out of home placement costs were obtained from Division of Social Services, Children's Services Section.

<sup>2</sup> Mental Health/Developmental Disabilities/Substance Abuse placement costs were obtained from Division of MH/DD/SAS.

<sup>3</sup> Juvenile Justice placement costs were obtained from the Department of Juvenile Justice and Delinquency Prevention.

<sup>4</sup> Average placement costs were not available from all Departments at the time of analysis and report production. This analysis uses SFY 2004 figures. As a result, placement cost estimates are likely to be slightly under estimated, as are cost-effectiveness estimates and cost/benefit estimates. That is, IFPS is likely to be slightly *more* cost effective and cost/beneficial that reflected in this analysis.

Following are the cost-effectiveness and cost/benefit statistics for the IFPS program during SFY 2005:

- 982 children were at imminent risk of removal, at a total potential placement cost of \$22,082,634;
- 38 children were actually placed in various, known placements at an estimated cost of \$860,918;
- IFPS diverted an estimated maximum of \$21,221,716 from placement costs; a gross cost savings of 96.10%;
- if the cost of operating the IFPS program (\$2,600,259.11) is subtracted from the gross savings (\$21,221,716), a net savings of \$18,621,456.89 results;
- the cost/benefit ratio of IFPS for SFY 2005 is \$7.16; that is, for every \$1.00 spent providing IFPS, an additional \$7.16 is not being spent on placement services for imminent risk children who would otherwise be assumed to be placed in out-of-home care;
- the cost of delivering IFPS in SFY 2005 was \$2,648 per imminent risk child, and \$5,429 per family;
- had all 982 imminent risk children been placed as originally indicated, the average placement cost would have been \$22,487 per imminent risk child, and the families would not have received any services as part of these expenditures.

Table 19 presents a way of analyzing the costs and cost savings of IFPS that addresses the “fiscal break-even point” of operating the program. This is a useful analysis because some

program critics contend that not all children who are identified as being at imminent risk would eventually go into placement, even if they did not receive IFPS. They contend that traditional methods of presenting cost savings are misleading. Table 19 presents costs and cost savings at different levels of placement prevention, and demonstrates that the IFPS program is cost effective and results in a very high cost/benefit ratio.

The left-most column presents different levels of placement prevention; the other columns present the true costs of the program, the estimated placement costs avoided, and the net cost or cost saving of operating the IFPS program.

**Table 19. Determining the Estimated Fiscal “Break-Even” Point of the IFPS Program: Cost and Cost-Savings Resulting from Different Levels of Child Placement Prevention**

<b>Placement Prevention Rates</b>	<b>Cost of Providing IFPS in SFY 2005</b>	<b>Placement Costs Avoided</b>	<b>Net Additional Cost or Cost Savings</b>
100%	\$2,600,259.11	\$22,082,634	\$19,482,374.89 savings
SFY '05 @ 96.13%	2,600,259.11	21,221,716	18,621,456.89 savings
90%	2,600,259.11	19,874,371	17,274,111.89 savings
80%	2,600,259.11	17,666,107	17,065,847.89 savings
70%	2,600,259.11	15,457,844	12,857,584.89 savings
60%	2,600,259.11	13,249,580	10,649,320.89 savings
50%	2,600,259.11	11,041,317	8,441,057.89 savings
40%	2,600,259.11	8,833,054	6,232,794.89 savings
30%	2,600,259.11	6,624,790	4,024,530.89 savings
20%	2,600,259.11	4,416,527	1,816,267.89 savings
11.78%	2,600,259.11	2,600,259	0 break even point
10%	2,600,259.11	2,208,263	<391,996.11> add'l. cost
0%	2,600,259.11	0	<2,600,259.11> add'l. cost

This table is adapted from a method developed by the Center for the Study of Social Policy (CSSP, Working Paper FP-6, 1989).

The two shaded rows of data from Table 19 illustrate that the “fiscal break-even point” for IFPS occurs at about the 11.78% placement prevention rate, whereas the IFPS program actually performed at a 96.13% placement prevention rate in SFY 2005. This yields a range of 84% (between the 11.78% “break-even” point and the 96.13% “performance” rate) of children served within which program critics can argue about the cost effectiveness of the program and

the cost/benefit produced. However, the data clearly demonstrate that the program is very cost effective.



## **Summary of Major Findings from the Outcome-Focused Evaluation of North Carolina's Intensive Family Preservation Services Program**

- ◆ Intensive Family Preservation Services are able to improve family functioning in all areas measured by the NCFAS.
- ◆ Some areas of family functioning (e.g., Parental Capabilities, Family Interactions, Family Safety, Child Well-Being) are more amenable to change during a brief intervention than other areas (e.g., Environment).
- ◆ Family functioning scores on all domains, as measured on the NCFAS, are statistically significantly associated with placement and non-placement at the end of IFPS. This finding supports concurrent validity of the NCFAS.
- ◆ Overall, placement prevention rates have been very stable, ranging between 88% and 95% of families each year since SFY 1994. However, there is a statistically significant increase (chi-square=41.285, df=11,  $p<.001$ ) in the placement prevention rate each year since IFPS services have been provided, with SFY 2005 reporting the highest placement prevention rate at 95%.
- ◆ In addition to placement prevention, IFPS services are statistically significantly associated with reductions in the “level of care” needed among those children *who are placed* at the end of IFPS services.
- ◆ The retrospective study continues to demonstrate the clear superiority of IFPS over traditional services when risk factors are controlled or accounted for in the analysis.
- ◆ Further inspection of placement rates bolsters last year's finding that IFPS may be useful in addressing racial disparities in service outcomes that exist in the child welfare population.
- ◆ Retrospective study survival curves indicate a predictable attrition phenomenon among IFPS families that occurs by 6 months after IFPS. Follow-up services implemented as a result of this finding are providing additional family contact and opportunity for additional services that will hopefully reduce this attrition.
- ◆ Client follow-up is occurring as required by revised policies and procedures for the IFPS program. However, the amount of data is small so the findings from the analyses are suggestive, rather than conclusive.

- ◆ Case activity data from the follow-up contact database mimic those from the retrospective analysis of placements: the largest number of post-IFPS placements appears to be occurring during the first month following IFPS, with an equal number occurring during the subsequent 5 months, and a small remainder occurring during the last six months of the first year following services.
- ◆ Although a small majority of families (~60%) appear to be receiving services following their period of IFPS services, many families (20% to 30%) do not appear to be doing so.
- ◆ During each successive 1-month period, between 10% and 20% of families drop out of the follow-up tracking cohort either because their child(ren) was placed out of home, they refused to receive further services or to be contacted again in the future, or they move or cannot be located. The highest attrition occurs at the first month (20%) and 41% of these cases are lost due to child placement.
- ◆ Workers are not as diligent as they should be in reporting the information on families for which there should be follow-up tracking data. Hopefully, the new automated information system that will include the follow-up reporting features at some point during SFY 2006 will remedy this under-reporting.
- ◆ The NCFAS data suggest that the majority of families who have received IFPS continue on a modestly “upward” trajectory towards improved family functioning, and the majority is at or above the Baseline/Adequate level of functioning.
- ◆ Future analyses of the follow-up data will be more informative about the true nature of the characteristics and needs of families during the follow-up period. Data that are more reliable, as well as larger numbers of families in the database are required to meet statistical assumptions of some types of analyses, and to increase confidence in the validity of findings.
- ◆ IFPS program cost analysis indicates that IFPS is a very cost-effective program. It also revealed a very favorable cost/benefit ratio.
- ◆ The number of families served by the IFPS program declined significantly from 618 in SFY 04 to 479 in SFY 05, or an overall decrease of 21%. The state allocated \$1,361,607 less for the provision of IFPS services this fiscal year. It should be noted that while funding was reduced 33% the number of families served only decreased by 21%.

## **APPENDIX A**

### **Provider List for SFY 2004-2005 Intensive Family Preservation Services**

<b>Region</b>	<b>Provider</b>	<b>Contact Person</b>	<b>Counties Served</b>
Region 1	Mountain Youth Resources PO Box 99 Webster, NC 28779	Devona Finley (828) 586-8958 Fax: (828) 586-0649	Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, Transylvania
Region 2	Appalachian Family Innovations 204 Avery Ave. Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Avery, Burke, Caldwell, Cleveland, Lincoln, McDowell, Mitchell, Polk, Rutherford, Yancey
Region 2 (subcontract )	Gaston Co. DSS 330 N. Marietta St. Gastonia, NC 28052	Penny Plyler (704) 862-7989 Fax: (704) 862-7885	Gaston
Region 3	Rainbow Center, Inc. 517 Boston Ave. North Wilksboro, NC 28659	Glenda Andrews (336) 667-3333 Fax: (336) 667-0212	Alleghany, Ashe, Watauga, Wilkes, Yadkin
Region 3 (subcontract )	Appalachian Family Innovations 204 Avery Ave. Morganton, NC 28655	Brenda Caldwell (828) 433-7187 Fax: (828) 437-8329	Alexander, Iredell
Region 3	Youth Homes 601 East 5 <sup>th</sup> St. Charlotte, NC 28202	Valerie Iseah (704) 334-9955 Fax: (704) 375-7497	Mecklenburg
Region 3 (subcontract )	Catawba Co. DSS PO Box 669 Newton, NC 28658	Paul Mastrovito (828) 261-2517 Fax: (828) 328-4729	Catawba
Region 4	Exchange Club/SCAN 500 West Northwest Blvd. Winston-Salem, NC 27105	George Bryan (336) 748-9028 Fax: (828) 748-9030	Davie, Forsyth, Rockingham, Stokes, Surry
Region 4 (subcontract )	Youth Opportunities 205 N. Spruce St. Suite #3 Winston-Salem, NC 27101	Stan Meloy (336) 724-1462 Fax: (336) 724-1464	Forsyth
Region 4	Daymark Recovery Services* 1190 W. Roosevelt Blvd. Monroe, NC 28110	Kara Kindley (704) 296-6274 Fax: (704) 296-4668	Cabarrus, Davidson, Rowan, Stanly, Union
Region 4	Cabarrus Co. DSS 1303 S. Cannon Blvd. Concord, NC 28083	Cathy Rucker (704) 920-1523 Fax: (704) 255-5260	Cabarrus
Region 5	NC Cooperative Extension (Family Connections) 304 South Morgan St. Room 123 Roxboro, NC 27573	April Duckworth (336) 599-1195 Fax: (336) 598-0272	Caswell, Granville, Person, Vance
Region 5	The Family Center in Alamance** 711 Hermitage Rd. Burlington, NC 27215	Stephanie Sox (336) 438-2072 Fax: (828) 438-2010	Alamance, Orange
Region 5	Family Services of the Piedmont 315 East Washington St. Greensboro, NC 27401	Sue Spidell (336) 387-6161 Fax: (336) 387-9167	Anson, Guilford, Montgomery, Randolph

<b>Region</b>	<b>Provider</b>	<b>Contact Person</b>	<b>Counties Served</b>
Region 5 (subcontract )	Youth Focus, Inc. 301 East Washington St. Greensboro, NC 27401	Valerie Jones (336) 333-6853 Fax: (336) 333-6815	Guilford
Region 6	The Family Resource Center of Raleigh, Inc. 1035 Halifax St. Raleigh, NC 27601	Kim Best (919) 834-2136 Fax (919) 834-1377	Chatham, Durham, Franklin, Hoke, Lee, Moore, Richmond, Scotland, Wake
Region 7	Martin County Community Action, Inc. 314 Ray St. Williamston, NC 27895-0806	Tina Garrett (252)792-7111 Fax: (252) 792-1248	Bladen, Brunswick, Columbus, Cumberland, Harnett, New Hanover, Pender, Robeson, Sampson
Region 8	Choanoke Area Development Assoc. PO Box 530 Rich Square, NC 27869-0530	Joyce Scott (252) 537-9304 Fax: (252) 539-2048	Edgecombe, Halifax, Nash, Warren
Region 8	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax (919) 755-1833	Duplin, Greene, Johnston, Wayne, Wilson
Region 9	Martin County Community Action, Inc. 314 Ray St. Williamston, NC 27895-0806	Tina Garrett (252)792-7111 Fax: (252) 792-1248	Bertie, Camden, Chowan, Currituck, Gates, Hertford, Martin, Pasquotank, Perquimans
Region 9	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax (919) 755-1833	Pitt
Region 9	Choanoke Area Development Assoc. PO Box 530 Rich Square, NC 27869-0530	Joyce Scott (252) 537-9304 Fax: (252) 539-2048	Northampton
Region 10	Methodist Home for Children PO Box 10917 Raleigh, NC 28605	Tom Fleetwood (919) 833-2834 Fax (919) 755-1833	Beaufort, Cartaret, Craven, Dare, Hyde, Jones, Lenoir, Onslow, Pamlico, Tyrrell, Washington

<sup>1</sup> The actual contract for this area was with Piedmont Behavioral Health Care, however they were acting as a fiscal agent only.

<sup>2</sup>The actual contract for this area was with Exchange SCAN, however they were acting as a fiscal agent only.

## APPENDIX B

### Program Allocations and Expenditures for SFY 2004-2005 Intensive Family Preservation Programs

Region	Provider	Allocation	Actual Expenditure
Region 1	Mountain Youth Resources	\$ 305,000	\$ 254,782.04
Region 2	Appalachian Family Innovations	\$ 330,666	\$ 308,014.13
Region 2	Gaston Co. DSS (subcontract) <sup>1</sup>	\$ 69,334	\$88,666.00
Region 3	Rainbow Center, Inc.	\$ 104,124	\$ 85,205.66
Region 3	Appalachian Family Innovations (subcontract) <sup>1</sup>	\$ 52,062	\$ 52,062.00
Region 3	Youth Homes	\$ 216,748	\$208,944.01
Region 3	Catawba Co. DSS (subcontract) <sup>1</sup>	\$ 52,063	\$ 52,063.00
Region 4	Exchange Club/SCAN	\$ 75,000	\$ 74,610.91
Region 4	Youth Opportunities (subcontract) <sup>1</sup>	\$ 25,000	\$ 25,000.00
Region 4	Daymark Recovery Services	\$ 98,315	\$ 76,420.73
Region 4	Cabarrus Co. DSS <sup>2</sup>	Not funded	Not funded
Region 5	NC Cooperative Extension (Family Connections)	\$ 80,375	\$ 82,982.27
Region 5	The Family Center in Alamance	\$ 40,000	\$ 34,191.93
Region 5	Family Services of the Piedmont	\$ 82,875	\$ 83,299.22
Region 5	Youth Focus, Inc. (subcontract) <sup>1</sup>	\$ 82,500	\$ 77,746.51
Region 6	The Family Resource Center of Raleigh, Inc.	\$ 275,375	\$ 272,052.27
Region 7	Martin County Community Action, Inc.	\$ 275,375	\$ 236,130.33
Region 8	Choanoke Area Development Assoc.	\$ 73,000	\$ 73,000.00
Region 8	Methodist Home for Children	\$ 77,000	\$ 76,994.83
Region 9	Martin County Community Action, Inc.	\$ 150,000	\$ 132,529.65
Region 9	Methodist Home for Children	\$ 50,000	\$ 49,999.18
Region 9	Choanoke Area Development Assoc.	\$ 21,841	\$ 21,841.00
Region 10	Methodist Home for Children	\$ 235,000	\$ 233,723.44
<b>TOTALS</b>		<b>\$2,771,653</b>	<b>\$2,600,259.11</b>

<sup>1</sup> Programs designated as subcontracts are subcontracts of the agency listed directly above them. The contract with the Division represents the sum of the allocation of the primary contractor and the subcontract.

<sup>2</sup> Cabarrus County DSS is not funded by the Division. They have voluntarily participated in the IFPS program and submitted cases to the Division.